



PH# 174820 Paramount

LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040

SDMS DOCID# 1123735

Enclosed are your
HAZARDOUS MATERIALS STATE REPORTING FORMS

Please follow these instructions carefully. Attached are your Hazardous Materials Reporting Forms. It is your responsibility to see that this Department receives your annual disclosure of hazardous materials. Failure to properly file these documents may result in fines and penalties.

- 1 - **ANNUAL REVIEW:** Review the attached computer generated inventory for your business.
To Revise: Cross out the old information and CLEARLY PRINT the corrected information. If the material is a Regulated Substance, then complete OES Form 2731 and OES Form 2735.6.
To Delete: Write DELETE across the chemical information.
To Add: Complete all the information on OES FORM 2731. One copy has been provided for you. Feel free to make as many copies as you need. If the chemical is a Regulated Substance, also complete OES Form 2735.6.
Additional Information: Complete the Facility Information Sheet (OES Form 2730), Business Plan and Site Map.
- 2 - **REGULATED SUBSTANCE REGISTRATION:** Be sure to check your chemical inventory against the Regulated Substance List. Any Regulated Substance above the Threshold Quantity, in a process, must be registered. To register, complete the registration OES Form 2731 and 2735.6. Please complete one Chemical Description Form for each Registered Regulated Substance per process.
- 3 - **RETURN DOCUMENTS IMMEDIATELY:** Please sign this certification sheet and return it along with the attached forms to the address at the top. It is recommended that your annual inventory be submitted via certified mail.

If you require assistance in completing this form, feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Disclosure Unit at (213) 890-4000, Monday through Friday 8:00 a.m. to 4:30 p.m.

ANNUAL CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory (check all boxes that apply):

- ☐ **Delete:** There are chemicals that have been discontinued. These chemicals are clearly identified on the attached inventory.
- ☐ **Add:** There are new chemicals to report. Enclosed is OES Form 2731 for each new chemical.
- ☐ **Update:** There are a few corrections to be made. These corrections are clearly identified on the attached inventory.
- ☒ **No Change:** There are no changes to the current inventory. The computer printout is correct.
- ☐ **Regulated Substance Registration:** Enclosed is my Regulated Substance Registration (OES Form 2731 & 2735.6).

CARRIE SAFIAN
Print Name of Document Preparer

FRANCINE H. RIPPY
Print Name of Owner/Operator

Francine H. Rippy
Signature of Owner/Operator

1/6/99
Date

Busine019-999-005309

Facility ID Number

FRED R RIPPY INC

12471 E WASHINGTON BLVD

HHMD 1⁴
28

JAN 08 1999

DEC 4 1998

CALIFORNIA BUSINESS & OWNER/OPERATOR IDENTIFICATION PAGE

CALENDAR YEAR BEGINNING (19) [01/01/1997] ENDING (20) [12/31/1997] (21) PAGE 1 OF [2]
 BUSINESS NAME (3) [FRED R RIPPY INC] BUSINESS PHONE (22) [(562) 698-9801]
 SITE ADDRESS (23) [12471 E WASHINGTON BLVD]
 CITY (24) [WHITTIER] STATE [CA] ZIP (25) [90602]
 DUN & BRADST. (26) [] SIC CODE (4 DIGIT #) (27) [3469]
 OPERATOR NAME (29) [] OPERATOR PHONE (30) [(562) 698-9801]

OWNER INFORMATION

OWNER NAME (31) [FRANCINE RIPPY] OWNER PHONE (32) [() -]
 OWNER MAILING ADDRESS (33) []
 CITY (34) [] STATE (35) [] ZIP (36) []

ENVIRONMENTAL CONTACT

CONTACT NAME (37) [] CONTACT PHONE (38) [() -]
 MAILING ADDRESS (39) [12471 E WASHINGTON BLVD]
 CITY (40) [WHITTIER] STATE (41) [CA] ZIP (42) [90602]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME (43) [VIRGIL VIG]	NAME (48) [FRANCINE RIPPY]
TITLE (44) [PLANT MANAGER]	TITLE (49) [OWNER]
BUSINESS PHONE (45) [(562) 698-9801]	BUSINESS PHONE (50) [(562) 698-9801]
24-HOUR PHONE (46) Exemption 6: Privacy	24-HOUR PHONE (51) Exemption 6: Privacy
PAGER # (47) [() -]	PAGER # (52) [() -]

REGULATED SUBSTANCES (RS)

ON SITE RS (5) [NO]

ADDITIONAL LOCALLY COLLECTED INFORMATION

(53)

ASSESSOR'S PARCEL NUMBER _____	FOR OFFICIAL USE ONLY ID # _____
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Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer (54) [Carrie Satian]
 Signature of Owner/Operator (55) [Francine R Rippy] Date (56) [1/6/99]

019-999-005309

FRED R RIPPY INC

12471 E WASHINGTON BLVD

JAN 08 1999

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CALIFORNIA HAZARDOUS MATERIAL INVENTORY FORM - CHEMICAL DESCRIPTION PAGE

(19) []

PAGE (21) [2] OF (21) [2]

BUSINESS NAME (3) [FRED R RIPPY INC]
CHEMICAL LOCATION(58) [NORTH WALL]
MAP# (59) [] GRID# ([]]

CHEMICAL NAME (61) [*Tetrachloroethylene*] TRADE SECRET (62) [NO]
COMMON NAME (63) [PERCHLOROETHYLENE] RS (5) [NO]
CAS # (64) [] IF RS BOX IS YES ALL
AMOUNTS MUST BE IN LBS

FIRE CODE (65) []

HAZARD CLASSES* *COMPLETE BLOCK (65) IF REQUESTED BY THE LOCAL FIRE CHIEF

TYPE (66) [Pure] RADIOACTIVE (67) [NO] (68) [0.00000]

PHYSICAL STATE (69) [Liquid] CURIES

FED HAZARD (70) [] CHRONIC HEALTH []

CATEGORIES

STATE WASTE (71) [] UNITS (74) [LBS] MAX DAILY AMT (72) [2800.00]
CODE

DAYS ON SITE (73) [365] IF RS, AMOUNTS MUST AVG DAILY AMT (75) [1137.00]

LARGEST CONT. (76) [0.00] BE IN LBS. ANNUAL WASTE AMT (77) [0.00]

STORAGE (78) [Plastic/Non-metal Drum]
CONTAINERSTORAGE (79) [Ambient]
PRESSURESTORAGE (80) [Ambient]
TEMPERATURE

%WT	HAZARDOUS COMPONENT	RS	CAS
(81) []	(82) []	(83) []	(84) []
(85) []	(86) []	(87) []	(88) []
(89) []	(90) []	(91) []	(92) []
(93) []	(94) []	(95) []	(96) []
(97) []	(98) []	(99) []	(100) []

ADDITIONAL LOCALLY COLLECTED INFORMATION

FOR OFFICIAL USE ONLY

002-0001

ID# _____



Los Angeles County • Certified Unified Program Agency
FACILITY INFORMATION (OES 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE _____)

PAGE ____ OF ____ 102

FACILITY ID # 019-999-005309		1 CALENDAR YEAR BEGINNING 1/1/99		100 ENDING 12/31/99		101			
BUSINESS NAME FRED R. RIPPY, INC.					3 BUSINESS PHONE 562-698-9801			103	
SITE ADDRESS 12471 E. WASHINGTON BLVD.				104 CITY WHITTIER		105 CA		106 ZIP CODE 90602	
DUN & BRADSTREET 107				LOS ANGELES		109 SIC CODE 3469		108	
OPERATOR NAME					110 OPERATOR PHONE		111		

OWNER INFORMATION

OWNER NAME (First Name, Last Name) FRANCINE H. RIPPY				112 OWNER PHONE 562-698-9801				113	
OWNER MAILING ADDRESS 12471 E. WASHINGTON BLVD.				114 CITY WHITTIER		115 STATE CA		116 ZIP CODE 90602	

ENVIRONMENTAL CONTACT

CONTACT NAME (First Name, Last Name) CAROL CASTILLO				118 CONTACT PHONE 562-698-9801				119	
CONTACT MAILING ADDRESS 12471 E. WASHINGTON BLVD				120 CITY WHITTIER		121 STATE CA		122 ZIP CODE 90602	

EMERGENCY CONTACT

PRIMARY		SECONDARY	
NAME (First Name, Last Name) VIRGIL VIG	124	NAME (First Name, Last Name) FRANCINE H. RIPPY	129
TITLE PLANT MANAGER	125	TITLE OWNER	130
BUSINESS PHONE 562-698-9801	126	BUSINESS PHONE 562-698-9801	131
24-HOUR-PHONE 562-944-5550	127	24-HOUR-PHONE 626-333-3614	132
PAGER #	128	PAGER #	133

REGULATED SUBSTANCES (RS)

ON-SITE RS ☐ YES ☒ NO 5 If yes, and at or above Threshold Quantities, fill out Regulated Substance Registration (OES Form 2735.6)

MAILING/BILLING INFORMATION

ADDRESS 12471 E. WASHINGTON BLVD.				150			
CITY WHITTIER		151 STATE CA		152 ZIP CODE 90602		153	

CERTIFICATION

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

135 CARRIE SAFIAN NAME OF DOCUMENT PREPARER (Print First Name, Last Name)		136 FRANCINE H. RIPPY NAME OF OWNER/OPERATOR (Print First Name, Last Name)		138 OWNER TITLE	
95-2041097 TAX ID # or SOC SEC #		137 <i>Francine H. Rippy</i> SIGNATURE OF OWNER/OPERATOR		139 1/6/99 DATE	

OFFICIAL USE ONLY	CPP	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR		DISTRICT		DATE OF INSP.		NO OF EMP.		DATE REC'D	

JAN 08 1999

INSTRUCTIONS FOR COMPLETING FACILITY INFORMATION (OES FORM 2730)

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by LA County Fire Department. This is the unique number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
5. **REGULATED SUBSTANCES (RS) STORED ONSITE?** Check the appropriate box to indicate whether Regulated Substances (RS) are onsite. An RS is any substance, listed in CCR, Title 19, Section 2770.5. See attached list. If you handle RS at greater than the threshold planning quantities then you must complete the Facility Information Form (OES Form 2730), the Hazardous Materials Inventory - Chemical Description Section (OES Form 2731), and the CalARP- State Registration Section (OES Form 2735.6) as well as a Consolidated Contingency Plan, and Training Plan.
100. **YEAR BEGINNING** Enter the beginning calendar date and year of the report (i.e. January 1, 1998).
101. **YEAR ENDING** Enter the ending calendar date and year of the report (i.e. December 31, 1998).
102. **TOTAL PAGES** The total number of pages in the inventory, including this page.
103. **BUSINESS PHONE** Enter the business phone number, area code first, and any extension.
104. **SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
105. **BUSINESS CITY** Enter the city or unincorporated area where the facility is located.
106. **BUSINESS ZIP** Enter the zip code for the facility. The extra 4 digit zip may also be added.
107. **DUN & BRADSTREET** Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748.
108. **SIC CODE** The primary Standard Industrial Classification 4 Digit Code for the facility.
109. **COUNTY** Enter the county in which the facility is located.
110. **(BUSINESS) OPERATOR NAME** Enter the name of the business operator.
111. **(BUSINESS) OPERATOR PHONE** Enter business operator phone number, if different from business phone, area code first, and any extension.
112. **(BUSINESS) OWNER NAME** Enter name of business owner, if different from business operator name.
113. **(BUSINESS) OWNER PHONE** Enter the owner's phone number if different from business phone, area code first, and any extension.
114. **(BUSINESS) OWNER MAILING ADDRESS** Enter the owner's mailing address if different from business site address.
115. **(BUSINESS) OWNER CITY** Enter the name of the city for the owner's mailing address.
116. **(BUSINESS) OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.
117. **(BUSINESS) OWNER ZIP** Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
118. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
119. **ENVIRONMENTAL CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted, area code first, and any extension.
120. **ENVIRONMENTAL CONTACT STREET ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
121. **ENVIRONMENTAL CONTACT CITY** Enter the name of the city for the environmental contact address.
122. **ENVIRONMENTAL CONTACT STATE** Enter the 2 character state abbreviation for the environmental contact address.
123. **ENVIRONMENTAL CONTACT ZIP** Enter the zip code for the environmental contact address. The extra 4 digit zip may also be added.
124. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a facility representative that can be contacted in case of an emergency involving hazardous materials at the facility. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
125. **PRIMARY EMERGENCY CONTACT TITLE** Enter the title of the primary contact.
126. **PRIMARY EMERGENCY CONTACT BUSINESS PHONE** Enter the phone number for the primary contact, area code first, and any extensions.
127. **PRIMARY EMERGENCY CONTACT 24-HOUR PHONE** Enter a 24-hour phone number for the primary contact. The 24-hour phone number must be one which is answered 24 hours a day and if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
128. **PRIMARY EMERGENCY CONTACT PAGER NUMBER** Enter the pager telephone number for the primary contact, if available.
129. **ALTERNATE (SECONDARY) EMERGENCY CONTACT NAME** Enter the name of facility official that can be contacted in the event that the primary contact is not available. The contact shall have full facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
130. **ALTERNATE (SECONDARY) EMERGENCY CONTACT TITLE** Enter the title of the secondary emergency contact.
131. **ALTERNATE (SECONDARY) EMERGENCY CONTACT BUSINESS PHONE** Enter the business number for the secondary contact, area code first, and any extension.
132. **ALTERNATE (SECONDARY) EMERGENCY CONTACT 24-HOUR PHONE** Enter a 24-hour phone number for the secondary contact. The 24 hour phone number must be one which is answered 24 hours a day and if not the contact's home phone number, then the service answering the phone must be able to immediately contact the above stated individual.
133. **ALTERNATE (SECONDARY) EMERGENCY CONTACT PAGER NUMBER** Enter the pager number for the secondary contact, if available.
135. **NAME OF DOCUMENT PREPARER** The full name of the person who prepared the inventory submittal information.
136. **NAME OF OWNER / OPERATOR** The full name of the owner/operator who signed the inventory submittal information.
137. **SIGNATURE OF OWNER / OPERATOR** The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signatory believes that all the information submitted in the inventory is accurate and complete.
138. **TITLE** Enter the title of the person signing the form.
139. **DATE CERTIFIED** Enter the date that the document was signed.
150. **MAILING/BILLING ADDRESS** The address that all correspondence and bills should be sent.
151. **MAILING/BILLING CITY** The name of the city for the mailing/billing address.
152. **MAILING/BILLING STATE** The 2 character state abbreviation for the mailing/billing address.
153. **MAILING/BILLING ZIP** Zip Code + 4.



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CHEMICAL DESCRIPTION (OES 2731)

☐ ADD ☐ DELETE ☐ REVISE

200

REPORTING YEAR 1998

PAGE OF 102

BUSINESS NAME FRED R. RIPPY, INC.		3
CHEMICAL LOCATION NORTH WALL OF BLDG	201	CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MAP #	203	GRID #
FACILITY ID# 19 / - 999 / 05309 - - -		1
CHEMICAL NAME TETRACHLOROETHYLENE	205	TRADE SECRET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMON NAME PERCHLOROETHYLENE	207	* REGULATED SUBSTANCE (RS) <input type="checkbox"/> YES <input type="checkbox"/> NO
CAS # 127-18-4	209	* If YES, all amounts must be in pounds
FIRE CODE HAZARD CLASSES <input type="checkbox"/> HEALTH <input type="checkbox"/> FLAMMABILITY <input checked="" type="checkbox"/> REACTIVITY <input type="checkbox"/> ADDITIONAL INFO		
TYPE <input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	211	RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CURIES		
PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS		
FEDERAL HAZARD CATEGORIES <input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input checked="" type="checkbox"/> CHRONIC HEALTH		
STATE WASTE CODE F001	217	UNITS * <input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS
DAYS ON SITE 365	220	MAX DAILY AMOUNT 2800 LBS.
LARGEST CONTAINER 55 GAL	215	AVG DAILY AMOUNT 1137
		ANNUAL WASTE AMOUNT 55 GAL

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW			
A <input type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON
B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR
C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/> _____
D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE	
E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN	
STORAGE PRESSURE <input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT			
STORAGE TEMPERATURE <input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC			

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 226	227	<input type="checkbox"/> YES <input type="checkbox"/> NO	228
2 230	231	<input type="checkbox"/> YES <input type="checkbox"/> NO	232
3 234	235	<input type="checkbox"/> YES <input type="checkbox"/> NO	236
4 238	239	<input type="checkbox"/> YES <input type="checkbox"/> NO	240
5 242	243	<input type="checkbox"/> YES <input type="checkbox"/> NO	244

* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6) ON THE REVERSE SIDE OF THIS FORM.

OFFICIAL USE ONLY

DATE RECD				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



Los Angeles County • Certified Unified Program Agency
REGULATED SUBSTANCE REGISTRATION
(OES 2735.6)

THIS FORM IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (WHICH INCLUDE EXTREMELY HAZARDOUS SUBSTANCES IN CALIFORNIA) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CalARP). THE OWNER OR OPERATOR SHALL COMPLETE A SINGLE REGISTRATION FOR EACH REGULATED SUBSTANCE PER PROCESS.

BUSINESS NAME:		3	FACILITY ID#		1		
U.S. EPA ID#:	2	NUMBER OF FT EMPLOYEES:		350	PROGRAM LEVEL:	351	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
NAME OF CORPORATE PARENT COMPANY:		352	DUN & BRADSTREET:		353		
PERSON RESPONSIBLE FOR RMP (First Name, Last Name):		354	TITLE:		355		
LATITUDE:		356	LONGITUDE:		357	PROCESS SIC:	358
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ?		359	DOES THE PROCESS REQUIRE A CAA TITLE V OPERATING PERMIT ?		360		
				<input type="checkbox"/> YES <input type="checkbox"/> NO			
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)?		361	LAST SAFETY INSPT:		362		
				AGENCY _____ DATE _____			

PROCESS DESCRIPTION:	303

PRINCIPAL EQUIPMENT	363

CERTIFICATION			
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.			
OWNER/OPERATOR NAME	300	OWNER/OPERATOR TITLE	301
OWNER/OPERATOR SIGNATURE		DATE EXECUTED	302



Los Angeles County • Certified Unified Program Agency
CHEMICAL DESCRIPTION (OES 2731)

☐ ADD ☐ DELETE ☐ REVISE

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REPORTING YEAR 1998

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BUSINESS NAME FRED R. RIPPY, INC.		3	
CHEMICAL LOCATION NORTH WALL OF BLDG		201	CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
MAP # 203	GRID # 204	FACILITY ID# 19 / 999 / 05309 1	
CHEMICAL NAME TETRACHLOROETHYLENE		205	TRADE SECRET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 206
COMMON NAME PERCHLOROETHYLENE		207	* REGULATED SUBSTANCE (RS) <input type="checkbox"/> YES <input type="checkbox"/> NO 208
CAS # 127-18-4		209	* If YES, all amounts must be in pounds
FIRE CODE HAZARD CLASSES 210 <input type="checkbox"/> HEALTH <input type="checkbox"/> FLAMMABILITY <input checked="" type="checkbox"/> REACTIVITY <input type="checkbox"/> ADDITIONAL INFO			
TYPE <input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		211	RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 212
CURIES 213			
PHYSICAL STATE 214 <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS			
FEDERAL HAZARD CATEGORIES 216 <input type="checkbox"/> FIRE <input type="checkbox"/> REACTION <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input checked="" type="checkbox"/> CHRONIC HEALTH			
STATE WASTE CODE F001	217	UNITS * <input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	221
DAYS ON SITE 365	220	MAX DAILY AMOUNT 2800 LBS. 222	
LARGEST CONTAINER 55 GAL	215	AVG DAILY AMOUNT 1137 223	
		ANNUAL WASTE AMOUNT 55 GAL 224	

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW 225			
A <input type="checkbox"/> ABOVEGROUND TANK	F <input type="checkbox"/> CAN	K <input type="checkbox"/> BOX	P <input type="checkbox"/> TANK WAGON
B <input type="checkbox"/> UNDERGROUND TANK	G <input type="checkbox"/> CARBOY	L <input type="checkbox"/> CYLINDER	Q <input type="checkbox"/> RAIL CAR
C <input type="checkbox"/> TANK INSIDE BUILDING	H <input type="checkbox"/> SILO	M <input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/> _____
D <input type="checkbox"/> STEEL DRUM	I <input type="checkbox"/> FIBER DRUM	N <input type="checkbox"/> PLASTIC BOTTLE	
E <input checked="" type="checkbox"/> PLASTIC/NONMETALLIC DRUM	J <input type="checkbox"/> BAG	O <input type="checkbox"/> TOTE BIN	
STORAGE PRESSURE <input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT 224			
STORAGE TEMPERATURE <input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC 225			

% WT	HAZARDOUS COMPONENT	RS *	CAS #
1 226	227	<input type="checkbox"/> YES <input type="checkbox"/> NO 228	229
2 230	231	<input type="checkbox"/> YES <input type="checkbox"/> NO 232	233
3 234	235	<input type="checkbox"/> YES <input type="checkbox"/> NO 236	237
4 238	239	<input type="checkbox"/> YES <input type="checkbox"/> NO 240	241
5 242	243	<input type="checkbox"/> YES <input type="checkbox"/> NO 244	245

* IF THE CHEMICAL IS A REGULATED SUBSTANCE AND MEETS OR EXCEEDS ITS THRESHOLD QUANTITY IN A PROCESS, THE AMOUNTS MUST BE REPORTED IN POUNDS, AND REGISTERED WITH THIS DEPARTMENT BY COMPLETING THE REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6) ON THE REVERSE SIDE OF THIS FORM.

OFFICIAL USE ONLY

DATE RECD				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



Los Angeles County • Certified Unified Program Agency

REGULATED SUBSTANCE REGISTRATION

(OES 2735.6)

THIS FORM IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (WHICH INCLUDE EXTREMELY HAZARDOUS SUBSTANCES IN CALIFORNIA) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CalARP). THE OWNER OR OPERATOR SHALL COMPLETE A SINGLE REGISTRATION FOR EACH REGULATED SUBSTANCE PER PROCESS.

BUSINESS NAME:		3	FACILITY ID#		1	
U.S. EPA ID#:	2	NUMBER OF FT EMPLOYEES:		350	PROGRAM LEVEL:	351
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
NAME OF CORPORATE PARENT COMPANY:		352	DUN & BRADSTREET:		353	
PERSON RESPONSIBLE FOR RMP (First Name, Last Name):		354	TITLE:		355	
LATITUDE:	356	LONGITUDE:		357	PROCESS SIC:	358
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ?		359	DOES THE PROCESS REQUIRE A CAA TITLE V OPERATING PERMIT ?		360	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)?		361	LAST SAFETY INSPT:		362	
				AGENCY _____ DATE _____		

PROCESS DESCRIPTION:	303

PRINCIPAL EQUIPMENT	363

CERTIFICATION			
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.			
OWNER/OPERATOR NAME	300	OWNER/OPERATOR TITLE	301
OWNER/OPERATOR SIGNATURE		DATE EXECUTED	302



LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Rd., Commerce, CA 90040

HAZARDOUS MATERIALS REPORTING REQUIREMENTS

WHO MUST REPORT? State Law requires disclosure by all businesses that handle a hazardous material or a mixture containing a hazardous material in a quantity at any one time during the reporting year equal to or greater than a total weight of 500 pounds, or a total volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas, or the threshold quantity (if less than 500 pounds) for Regulated Substances. A mixture that contains one percent (1%) or more of a hazardous ingredient is a hazardous material. A mixture that contains one tenth of one percent (.1%) or more of a carcinogen is a hazardous material. The new *California Accidental Release Prevention (CalARP) Program* requires all Regulated Substance handlers to register with this Department. See below for specific information.

NEW REPORTING FORMS Effective March 1, 1997, the California Office Of Emergency Services requires all businesses to disclose their hazardous materials on a Statewide standard report form. This standardizes the type of documentation submitted to all administering agencies in California. Enclosed you will find OES Form 2730, OES Form 2731 and OES Form 2735.6.

REPORTING MADE SIMPLE The Los Angeles County Fire Department has simplified annual reporting. The Department will provide you with a computer printout of last year's hazardous materials inventory. Annual reporting is now as simple as REVISE, DELETE, ADD or NO CHANGE. Enclosed is your Hazardous Materials Inventory as it currently appears in our database.

To Revise: Cross out the old information and CLEARLY PRINT any changes to the previously reported information. However, if the material is a Regulated Substance you must complete OES Form 2731 and OES Form 2735.6.

To Delete: Write DELETE across the printout for any chemicals no longer used or stored at the facility.

To Add: Complete all the information on OES Form 2731 (and OES Form 2735.6 if applicable) for all new materials not previously reported.

For No Change: Check the proper box on the front of the computer generated inventory. However, if the material is a Regulated Substance you must complete OES Form 2731 and OES form 2735.6.

NEW CalARP PROGRAM Effective January 1, 1997, the new California Accidental Release Prevention (CalARP) Program replaced the California Risk Management and Prevention Program (RMPP). If you handle Regulated Substances (RS) at or above a threshold quantity, you need to register. The enclosed *Regulated*

Substances List (Consolidated Federal and State Regulated Substances List) replaced the Acutely Hazardous Materials (AHM) list and should be used to determine if your business is subject to the CalARP Program. Please note that the Regulated Substances List now includes flammable substances such as propane, methane, acetylene, ethane and hydrogen. The reporting threshold for a regulated substance shall be determined by the quantity of the substance in a process, not the total quantity of the substance in a facility, as was previously done in the AHM Registration.

EXEMPTIONS A retail store, including the interior receiving and stockroom areas, that handles hazardous materials contained solely in a consumer product for direct distribution to and use by the general public is exempt from the State reporting requirements, unless the individual container size equals or exceeds the reportable quantities of State Law.

Warehouses, storage, and/or distribution sites with a reportable quantity of hazardous material are not exempt from the disclosure reporting requirements.

Hazardous materials that are stored while in transit or temporarily maintained in a fixed facility for a period of less than thirty (30) days during the course of transportation are exempt from these requirements.

Railroad cars containing hazardous materials remaining within the same railroad facility or business facility for more than thirty (30) days are subject to all reporting requirements.

This Department, upon written application, may exempt a handler from any portion of the Business Plan and/or exempt a hazardous material from the Inventory Form, if it is determined this exemption does not pose a significant hazard to human health, safety, or the environment.

Reporting a Release or threatened release of hazardous materials, that poses a significant, present, or potential hazard to human health and safety, property, or the environment:

- 1) Call 911 for local emergency response personnel
- 2) notify this Department at (323) 890-4317 and,
- 3) then notify the Office of Emergency Services (800) 852-7550 or (916) 262-1621.

REGULATED SUBSTANCE REGISTRATION. Any business that has a threshold quantity or more of a regulated substance in a process, shall fill out the Regulated Substance (RS) Registration (OES Form 2735.6) found on the back of the Chemical Description Form (OES Form 2731). This registration will provide information to this Department to evaluate the requirements imposed by the CalARP Program on each covered process. If your business filled out one or more RS Registration Forms, it is recommended that you contact this Department or wait for further instructions before attempting to fulfill the requirements of the CalARP Program. All regulated businesses under the CalARP Program will be notified of the requirements accordingly.

MANDATORY REGISTRATION Any business who handles a Regulated Substance must register that chemical with this Department. Registration includes completion of a Facility Information Sheet (OES Form 2730), Chemical Description (OES Form 2731) and Regulated Substance (OES Form 2735.6) forms.

FACILITY MODIFICATIONS If you are the owner or operator of a new facility or your facility is being modified in a way that results in any change to the safe operating limits or that introduces a new hazard, you must contact this Department as soon as possible. CalARP requirements may need to be met before start-up of new or modified operations.

VIOLATIONS AND FINES Any business that violates any Health and Safety Code Sections that pertain to hazardous materials reporting shall be civilly liable to this Department for up to \$2,000 for each day of the violation. A violation of these provisions creates liability of up to \$5,000 for each day of the violation. Any person or business who upon discovery of a release or threatened release, fails to immediately report to this Department, can upon conviction be fined up to \$25,000 per day of violation and/or be sentenced up to one (1) year in County jail. Furthermore, if the violation results in, or significantly contributes to, an emergency, including a fire, to which the county or city is required to respond, the person shall also be assessed the full cost of the county or city emergency response, as well as the cost of cleaning up and disposing of the hazardous material (Section 25515).

BUSINESS PLANS A business plan is required once every three years for all businesses that handle hazardous materials. The business plan is designed to identify emergency response plans and procedures for releases and threatened releases. The business plan also requires a training program on hazardous materials for employees on safety procedures in the event of a release or threatened release of hazardous materials.

SITE MAP A business site map is required for each business that handles hazardous materials which has a quantity at any one time during the reporting year greater than a total weight of 5,000 pounds, or a total volume of 500 gallons, or 2,000 cubic feet of gas. See instructions on

map for details.

FOR ASSISTANCE Contact this Department Monday through Friday 8:00 a.m. to 4:30 p.m.
Los Angeles County Fire Department
Health Hazardous Materials Division
5825 Rickenbacker Road, Commerce, CA 90040
(323) 890-4000

REPORTING DEADLINE The last day to turn in your Hazardous Materials State Reporting Forms is **December 31 (or sooner if requested by this Department)**. It is each business' responsibility to submit these documents on time. Failure to do so will result in a late penalty. It is recommended you send the documents via certified mail or deliver them in person. Be sure to ask for a receipt.

ANNUAL CERTIFICATION All businesses that handle hazardous materials must disclose those substances to this Department. Please review the attached computer printout and make the appropriate changes. In addition, complete the Facility Information Sheet (OES Form 2730) and the Chemical Description Form (OES Form 2731) for any new hazardous materials being handled. **Attach the enclosed Annual Certification to the State Reporting Forms and return them immediately to the Los Angeles County Fire Department, Health Hazardous Materials Division, 5825 Rickenbacker Road, Commerce, CA 90040.**

FEES This Department collects a fee in an amount sufficient to pay those costs incurred by this Department in carrying out the provisions of this chapter. The fee is based on the volume and degree of hazard potential of the hazardous materials handled by the businesses. Effective July 1, 1997, the Los Angeles County Certified Unified Program Agency (LACoCUPA) will consolidate bills for hazardous materials, hazardous waste, underground storage tanks, and Risk Management Programs into a single invoice. **Do not send annual fee monies to the Los Angeles County Fire Department. Your bill will be handled separately and will include mailing instructions.**

TIP: OES Form 2730, Form 2731, and Form 2735.6 may be reproduced. Feel free to make as many copies as needed to comply with the annual reporting requirements.

STATE REPORTING FORMS CHECKLIST:

- ☐ **Annual Certification Statement - Signed by owner/operator**
- ☐ **Facility Information Sheet (OES Form 2730)**
- ☐ **Chemical Description (OES Form 2731) - One per chemical and/or corrected computer printout**
- ☐ **Regulated Substance Registration (OES Form 2735.6) - One per chemical per process**
- ☐ **Business Plan**
- ☐ **Site Map**

PHYSICAL HAZARD DEFINITIONS

BLASTING AGENT - is any material or mixture consisting of a fuel and oxidizer intended for blasting, not otherwise classified as an explosive, in which none of the ingredients is classified as explosives, provided that the finished product as mixed and packaged for use or shipment cannot be detonated by means of a Number 8 test blasting cap when unconfined. Materials or mixtures classified as nitrocarbonitrates by the Department of Transportation regulations shall be included in this definition.

COMBUSTIBLE LIQUID - is a liquid having a flash point at or above 100°F

COMPRESSED GAS - is (1) a gas or mixture of gases in a container having an absolute pressure exceeding 40 psi at 70°F (21.1°C); or (2) a gas or mixture of gases in a container having an absolute pressure exceeding 104 psi at 130°F (54.5°C) regardless of the pressure at 70°F (21.2°C)

CRYOGENIC FLUIDS - are those fluids that have a normal boiling point below - 150°F

EXPLOSIVE - is (1) a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperatures; or (2) any chemical other than a blasting agent, commonly used or intended to be used for the purpose of producing an explosive effect.

FLAMMABLE GAS - is a gas which is flammable in a mixture of thirteen (13) percent or less (by volume) with air, or the flammable range with air is greater than twelve (12) percent, regardless of the lower limit.

FLAMMABLE LIQUID - is any liquid having a flash point below 100°F and having a vapor pressure not exceeding 40 psi at 100°F.

FLAMMABLE SOLID - is a solid substance, other than one which is defined as a blasting agent or explosive that is liable to cause fire through friction, or as a result of retained heat from manufacture or which has an ignition temperature below 212°F, or which burns so vigorously or persistently when ignited so as to create a serious hazard. This includes finely divided solid materials which, when dispersed in air as a cloud, may be ignited and cause an explosion.

OXIDIZER - is a chemical other than a blasting agent or explosive, that initiates or promotes combustion in other

materials, thereby causing fire either of itself or through the release of oxygen or other gases.

PYROPHORIC - is a chemical that will spontaneously ignite in air at a temperature of 130°F (54.5°C) or below

UNSTABLE (reactive) - is a chemical which in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shock, pressure, or temperature.

WATER-REACTIVE MATERIALS - are materials which explode, violently react, produce flammable, toxic or other hazardous gases or evolve enough heat to cause self-ignition or ignition of nearby combustibles upon exposure to water or moisture.

HEALTH HAZARD DEFINITIONS

CARCINOGEN - a chemical is considered to be a carcinogen if (1) it has been evaluated by the International agency for Research on Cancer (IARC) and found to be a carcinogen or potential carcinogen; or (2) it is listed as a carcinogen or potential carcinogen in the latest edition of the Annual Report of Carcinogens published by the National Toxicology Program (NTP).

CORROSIVE - is a chemical that causes visible destruction of, or irreversible lacerations in, living tissue.

ETIOLOGIC AGENT - is a micro-organism, or its toxin which causes or may cause human disease, and is limited to those agents listed in CFR 42, part 72.3.

HIGHLY TOXIC MATERIALS - are chemicals or substances classified as "Poison A or B" under Title 49 of the Code of Federal Regulations (CFR 49), or which have been assigned a health hazard rating of 3 or 4 when rated in accordance with Uniform Fire Code (UFC) Standard Number 79.3.

IRRITANT - is a substance other than a corrosive which causes a reversible inflammatory effect on living tissue by chemical action at the site of contact.

RADIOACTIVE MATERIAL - is any material or combination of materials that spontaneously emits ionizing radiation.

TARGET ORGAN TOXIN - is a substance which causes damage (target organ effects) to particular organs or systems

HAZARDOUS MATERIALS DEFINITIONS

HAZARDOUS MATERIALS are those chemicals or substances which exhibit physical or health hazards, whether the materials are in a usable or waste state.

PHYSICAL HAZARD - is a chemical of which there is scientifically valid evidence that it is a (an):

Blasting agent

Cryogenic

Flammable liquid

Pyrophoric

Combustible liquid

Explosive

Flammable solid

Unstable (reactive)

Compressed gas

Flammable gas

Oxidizer

Water-reactive

HEALTH HAZARD - is a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed persons. The term "health hazard" includes chemicals which are:

Carcinogens

Etiologic agent

Irritants

Target organ toxins

Corrosives

Highly toxic (including poison)

Radioactive

CUPA COMES TO LOS ANGELES

Senate Bill 1082, introduced by Senator Charles Calderon (D-Whittier) and passed in 1993, created the Unified Hazardous Waste and Hazardous Materials Management Regulatory Program (Unified Program), which requires the administrative consolidation of six hazardous materials and waste programs (Program Elements) under one agency, a Certified Unified Program Agency (CUPA). The Program Elements being consolidated under the Unified Program are as follow:

- ▶ Hazardous Waste Generator Inspection and On-site Treatment Programs;
- ▶ Aboveground Storage Tank Spill Prevention Control and Countermeasure Plan;
- ▶ Hazardous Materials Release Response Plans and Inventory Program;
- ▶ California Accidental Release Prevention (CalARP);
- ▶ Underground Storage Tank Program;
- ▶ Uniform Fire Code Plans and Inventory Requirements;

Under the Unified Program, application and required submission forms will be standardized and consolidated, inspections will be combined where possible, annual fees for each program element will be merged into a single fee system and enforcement procedures will be made more consistent. The goal of the Unified Program is to create a more cohesive, effective and efficient program.

Local agencies currently administering one or more of the six Program Elements had the option to either apply for CUPA status from the California Environmental Protection Agency (Cal/EPA) or retain their programs by becoming a Participating Agency (PA) under another CUPA's jurisdiction. Counties were required to apply for CUPA designation. The Board of Supervisors designated the Consolidated Fire Protection District (District) to seek designation as the CUPA for Los Angeles County (LACoCUPA). The District made application and received certification from Cal/EPA to implement the CUPA program effective July 1, 1997.

The LACoCUPA jurisdiction encompasses all of the unincorporated and incorporated areas of the County with the exception of the following seven cities that are certified by Cal/EPA as Unified Program Agency: El Segundo, Glendale, Long Beach/Signal Hill (a Joint Powers Agency), Los Angeles, Santa Fe Springs, Santa Monica, and Vernon.

Fourteen cities and two County agencies have entered into agreements and/or Memorandum of Understanding with the Los Angeles County Fire Department to administer one or more of the Program Elements as PAs to the LACoCUPA. The cities are Alhambra, Burbank, Compton, Culver City, Downey, El Monte, Gardena, Inglewood, Manhattan Beach, Monrovia, Pasadena, Redondo Beach, South Pasadena and Torrance.

FIELD OFFICES LOCATED FOR BETTER SERVICE

Hazardous Materials Disclosure Unit
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4000

California Accidental Release Prevention (CalARP) Program
5825 Rickenbacker Rd
Commerce, CA 90040
(323) 890-4035

North County Office
14425 Olive View Dr.
Sylmar, CA 91342
(818) 364-7120

South Bay Office
24300-A Narbonne Ave.
Lomita, CA 90717
(310) 534-6270

San Gabriel Valley Office
5110 North Peck Rd.
El Monte, CA 91732
(626) 450-7450

Southeast County
7300 Alondra Blvd
Paramount, CA 90723
(562) 790-8003

Central County
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4107

**INSTRUCTION FOR COMPLETING CHEMICAL DESCRIPTION (OES FORM 2731)
AND REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6)**

You must complete a separate Chemical Description for each hazardous material (which consists of hazardous substances and hazardous waste) that you handle at your facility in amounts equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. First determine if you meet the reporting threshold by basing inventory on aggregate amounts of hazardous materials handled at your facility. Then report the materials based on what is handled in each building or adjacent/outside area of the facility, with separate pages for unique occurrences of physical state, storage temperature and storage pressure.

As a result of California Assembly Bill 2189, which was chaptered into law January 1, 1989, the enclosed inventory form now contains all the necessary reporting elements previously required by SARA, Title III, Section 312. Filing this inventory ANNUALLY with this Department will satisfy the reporting requirements of State and Federal laws (SARA Title III, Section 312 and the reporting requirements in 40 CFR Part 68). Your material safety data sheets, shipping papers, and hazardous waste manifests will assist you in completing this inventory.

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by LA County Fire Department. This is the unique number which identifies your facility.
2. **U.S. EPA ID#** Enter the number your business has been issued by the California Department of Toxic Substances Control for use on the Uniform Hazardous Waste Manifest. (Provide only if hazardous waste generator/treater.)
3. **BUSINESS NAME** Enter the full legal name of the business
102. **TOTAL PAGES** The total number of pages in the inventory, including this page.
200. **ADD/DELETE/REVISE** Indicate if the chemical is being added to the inventory, deleted from the inventory or if the information previously submitted is being updated.
- REPORTING YEAR** In the space provided, enter the year of the reporting period.
201. **LOCATION** The building or outside/adjacent area where the hazardous material is handled. A chemical that is not an RS and is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. *Note: This information is not subject to public disclosure pursuant to Section 25506 of the Health and Safety Code.*
202. **CONFIDENTIAL (EPCRA)** Check Yes or No
203. **MAP NUMBER** The number of the map on which the location of the hazardous material is shown (if a map is included).
204. **GRID NUMBER** The grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be used.
205. **CHEMICAL NAME** The proper chemical name associated with the Chemical Abstract Service Number (CAS) of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). *Note: If the chemical is a mixture, do not complete this field; complete the "Common Name" field instead.*
206. **TRADE SECRET** Indicate if the information in this section is declared a trade secret, as defined in Chapter 6.95, Section 25511, Health and Safety Code. *Note: If yes, disclosure of the designated Trade Secret information is bound by Health & Safety Code Section 25511.*
207. **COMMON NAME** The common name or trade name of the hazardous material or mixture containing a hazardous material
208. **REGULATED SUBSTANCE (RS)** Indicate if the hazardous material is a Regulated Substance (RS), as defined on the attached list of Regulated Substances. If the material is a mixture containing an RS, leave this section blank. *NOTE: If the Regulated Substance is at or above the Threshold quantity, then a Regulated Substance Registration Form (OES Form 2735.6) must also be completed. Only one chemical per process may be reported on Regulated Substance Registration Form (OES Form 2735.6).*
209. **CAS #** The Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number, otherwise, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. **FIRE CODE HAZARD CLASSES** Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This section shall only be completed if your local Fire Chief deems it necessary to comply with the 1991 Uniform Fire Code, section 80.103, subdivision (c). Consult the list of various hazard classes and instructions on how to determine class a material falls under are included in Title 19, Ch.2, Appendix I. If a material has more than one applicable hazard class, include all. Contact your local Fire Department and CUPA to determine if you need to complete this.
211. **TYPE** Check the one box that best describes the type of hazardous material: pure, mixture or waste. If pure, check that box and leave blank boxes 215, 221 and 225-244. If mixture or waste, complete boxes 215, 221 and 225-244, as appropriate.
212. **RADIOACTIVE** Indication of whether the chemical stored is radioactive.
213. **CURIES** The number of curies if the chemical stored is radioactive.
214. **PHYSICAL STATE** The physical state of the chemical stored.
215. **LARGEST CONTAINER** The total capacity of the largest container in which the material is stored.
216. **FEDERAL HAZARD CATEGORY** List category that describes the physical and health hazards associated with the hazardous material. Consult your Material Safety Data Sheet (MSDS).
FIRE: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers
REACTIVE: Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive
PRESSURE RELEASE: Explosives, Compressed Gases, Blasting Agents
ACUTE HEALTH (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives
CHRONIC HEALTH (delayed): Carcinogens, Teratogens, Mutagens.
217. **STATE WASTE CODE** The California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste manifest.
218. **ANNUAL WASTE AMOUNT** If the hazardous material being inventoried is a waste, provide an estimate of the annual amount generated.
219. **MAXIMUM DAILY AMOUNT** The maximum amount of each hazardous material or mixture containing a hazardous material which is handled in a building of the facility at any one time over the course of the year. Your Maximum Daily Amount (MDA) will be normally be equal to the largest shipment you receive during the the calendar year, plus the residual you maintain. For example, if you have a machine that has 50 gallons of solvent, and my largest order in the calendar year is 500 gallons of solvent, my MDA would be 550 gallons. This amount should be consistent with the units reported in box 76.
220. **DAYS ON SITE** The total number of days during the year that the material is on site.
221. **UNITS** The unit of measure which is most appropriate for the material being inventoried: gallons (for liquids), pounds and tons (for solids), and cubic feet (for gas). *NOTE: If the material is a Regulated Substance (RS), all amounts must be reported in pounds. If the material is a mixture and it contains an RS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).*
222. **AVERAGE DAILY AMOUNT** Calculate the average daily amount of the hazardous material or mixture containing a hazardous material that you project to be on hand during the course of the year. Since most businesses tend to order materials, then not reorder their materials are nearly gone, your Average Daily Amount (ADA) will most likely be equivalent to half of the largest shipment of a hazardous material delivered in the prior calendar year, plus the residual you always maintain. For example, if I had a machine that always has 50 gallons of solvent, and my largest order in the calendar year is 500 gallons of solvent, my ADA will be 300 gallons (1/2 of the 500 gallons received is 250 gallons, plus the 50 gallons in my machine). Assuming you use

**INSTRUCTION FOR COMPLETING CHEMICAL DESCRIPTION (OES FORM 2731)
AND REGULATED SUBSTANCE REGISTRATION (OES FORM 2735.6)**

- your hazardous materials at a fairly consistent rate, half the time you would have more than this amount, and half the time you would have less than this quantity. This amount should be consistent with the units reported in box 76.
223. **STORAGE CONTAINER** Select the type of storage containers in which the hazardous material is stored.
 224. **STORAGE PRESSURE** Check the one box that best describes the pressure at which the hazardous material is stored.
 225. **STORAGE TEMPERATURE** Check the box that best describes the temperature at which the hazardous material is stored.
 226. **COMPONENT 1 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
 227. **COMPONENT 1 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
 228. **COMPONENT 1 RS** Indicate if the component of the mixture is considered a Regulated Substance as defined in 19 CCR Chapter 4.5, Section 2735.3(o).
 229. **COMPONENT 1 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
 230. **COMPONENT 2 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
 231. **COMPONENT 2 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
 232. **COMPONENT 2 RS** Indicate if the component of the mixture is considered a Regulated Substance as defined in 19 CCR Chapter 4.5, Section 2735.3(o).
 233. **COMPONENT 2 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
 234. **COMPONENT 3 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
 235. **COMPONENT 3 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
 236. **COMPONENT 3 RS** Indicate if the component of the mixture is considered a Regulated Substance as defined in 19 CCR Chapter 4.5, Section 2735.3(o).
 237. **COMPONENT 3 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
 238. **COMPONENT 4 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
 239. **COMPONENT 4 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
 240. **COMPONENT 4 RS** Indicate if the component of the mixture is considered a Regulated Substance as defined in 19 CCR Chapter 4.5, Section 2735.3(o).
 241. **COMPONENT 4 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
 242. **COMPONENT 5 (% BY WEIGHT)** The percentage by weight of the hazardous component in a mixture. If a range of percentages, report the highest percentage in that range.
 243. **COMPONENT 5 NAME** List chemical name of hazardous component in the mixture (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting a waste mixture, mineral and chemical composition should be listed.
 244. **COMPONENT 5 RS** Indicate if the component of the mixture is considered a Regulated Substance as defined in 19 CCR Chapter 4.5, Section 2735.3(o).
 245. **COMPONENT 5 CAS #** Chemical Abstract Service Number (CAS) related to the hazardous component in the mixture.
 300. **NAME OF OWNER / OPERATOR** The full name of the owner/operator who signed the registration form.
 301. **TITLE** Enter the title of the person signing the form.
 302. **DATE EXECUTED** Enter the date the form was signed.
 303. **PROCESS DESCRIPTION** Describe the *process* and/or operations involving the use, treatment, storage, production, disposal or otherwise handling of the regulated substances.
- Include process pressures and temperature, and whether it is a raw material or an intermediate. For the purpose of this registration form, any group of vessels that are interconnected, or separate vessels that are located such that a regulated substance could be involved in a potential release, shall be considered a single process.
350. **NUMBER OF FULL TIME EMPLOYEES** Enter the number of persons employed full-time at your business. Part-time and/or seasonal workers' schedules should be tallied to determine their equivalence to full-time work.
 351. **PROGRAM LEVEL** Indicate the proper *Program Level* this process falls under. Mark either Program 1, 2, or 3 to identify with which program the process complies.
 352. **NAME OF CORPORATE PARENT COMPANY** Enter the legal name of the Principal Company or entity which owns at least 50 percent of the voting stock.
 353. **DUN & BRADSTREET** Enter the Dun & Bradstreet number of the Principal Company or entity which owns at least 50 percent of the voting stock. The Dun & Bradstreet ID number allows your business to be cross referenced to various business information. You may be able to obtain this number from your finance department. If your business does not have this information, contact the Office of Dun & Bradstreet at (908) 665-5000.
 354. **PERSON RESPONSIBLE FOR RMP** Enter the name of the individual designated as the person responsible for the RMP.
 355. **PERSON RESPONSIBLE FOR RMP - TITLE** Enter the title of the individual designated as the person responsible for the RMP.
 356. **LATITUDE** Enter the degrees of latitude for the business location. Latitude is the degrees north or south of the equator. Latitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps when determining your measurements. Valid latitudes for LA County range from 33°17'53N to 34°49'14N. Be sure the latitude fits this range.
 357. **LONGITUDE** Enter the degrees of longitude for the business location. Longitude is the degrees east or west of the prime meridian. Longitude is measured in degrees, minutes, and seconds. We recommend the use of U.S. Geological Survey (USGS) topographical quadrangle maps when determining your measurements. Valid longitudes for LA County range from 117°38'39W to 118°56'39W. Be sure the longitude fits this range.
 358. **PROCESS SIC CODE (4 DIGIT #)** Enter the specific *Standard Industrial Classification Code* number for the process using, treating, storing, producing, disposing, or otherwise handling regulated substances.
 359. **OSHA PSM** The OSHA Process Safety Management Standard, codified at 29 CFR 1910.119, is similar to the Program 3 prevention program, and is designed to protect workers from the effects of accidental releases of hazardous substances. Note that this question covers all processes at your facility; if any process at your facility is subject to OSHA PSM, you must answer yes even if the PSM process does not involve a regulated substance. Answer the question either "yes" or "no."
 360. **CAA TITLE V** State and local operating permit programs are required under Title V of the Clean Air Act (40 CFR Part 70). Title V requires major sources of air pollution to receive permits, pay fees to cover cost of administering the program, and sign a binding certification of compliances on all permit applications and documents. Check the appropriate box, "yes" or "no."
 361. **EPCRA SECTION 302** This question refers to the Emergency Planning and Community Right-to-Know Act, which requires notification of local authorities of the presence of certain Extremely Hazardous Substances listed in 40 CFR 302. If you have a toxic regulated substance about the threshold quantity in a process, you are subject to EPCRA and must check the box marked "yes." If you are covered for only flammable regulated substances, you are not subject to 40 CFR 355 (EHS) for those substances, although you may be for toxic substances not affected by this rule. Answer the question either "yes" or "no."
 362. **LAST SAFETY INSPECTION** Record the date of the last safety inspection of your facility and indicate the appropriate *Agency* (OSHA, State OSHA, EPA, State EPA, Fire Dept., etc.) that performed the inspection.
 363. **PRINCIPAL EQUIPMENT** List the equipment and/or components used in the process involving the regulated substance.

REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Acetaldehyde	75-07-0	10,000	g	Crotonaldehyde (2-Butenal)	4170-30-3	1,000	b
* Acetone Cyanohydrin	75-86-5	1,000		Cyanogen (Ethanedinitrile)	460-19-5	10,000	f
Acetone Thiosemicarbazide	1752-30-3	1,000/10,000 ¹		Cyanogen Bromide	506-68-3	500/10,000 ¹	
Acetylene (Ethyne)	74-86-2	10,000	f	Cyanogen Chloride	506-77-4	10,000	c
Acrolein (2-Propenal)	107-02-8	500	b	Cyanogen Iodide	506-78-5	1,000/10,000 ¹	
Acrylamide	79-06-1	1,000/10,000 ¹		Cyanuric Fluoride	675-14-9	100	
Acrylonitrile (2-Propenenitrile)	107-13-1	10,000	b	Cycloheximide	66-81-9	100/10,000 ¹	
Acrylyl Chloride (2-Propenoyl Chloride)	814-68-6	100	b	Cyclohexylamine (Cyclohexanamine)	108-91-8	10,000	b
Aldicarb	116-06-3	100/10,000 ¹		Cyclopropane	75-19-4	10,000	f
Aldrin	309-00-2	500/10,000 ¹		Decaborane (14)	17702-41-9	500/10,000 ¹	
Allyl Alcohol (2-Propen-1-ol)	107-18-6	1,000	b	Dialfor	10311-84-9	100/10,000 ¹	
Allylamine (2-Propen-1-Amine)	107-11-9	500	b	Diborane	19287-45-7	100	b
Aluminum Phosphide	20859-73-8	500		Dichlorosilane (Silane, Dichloro-)	4109-96-0	10,000	f
Aminopterin	54-62-6	500/10,000 ¹		* Diepoxybutane	1464-53-5	500	
Amiton Oxalate	3734-97-2	100/10,000 ¹		Diffuoroethane (Ethane, 1,1-Difluoro-)	75-37-6	10,000	f
Ammonia, Anhydrous ²	7664-41-7	500	a,b	Digitoxin	71-63-6	100/10,000 ¹	
Ammonia, Aqueous (conc 20% or greater)	7664-41-7	20,000	a,b	Digoxin	20830-75-5	10/10,000 ¹	
* Aniline	62-53-3	1,000		Dimethoate	60-51-5	500/10,000 ¹	
Antimycin A	1397-94-0	1,000/10,000 ¹		Dimethyl-p-Phenylenediamine	99-98-9	10/10,000 ¹	
ANTU (1-Naphthalenythiourea)	86-88-4	500/10,000 ¹		* Dimethyl Sulfate	77-78-1	500	
Arsenic Pentoxide	1303-28-2	100/10,000 ¹		Dimethylamine (Methanamine, N-Methyl-)	124-40-3	10,000	f
Arsenous Oxide (Arsenic Trioxide)	1327-53-3	100/10,000 ¹		Dimethyldichlorosilane	75-78-5	500	b
Arsenous Trichloride	7784-34-1	500	b	Dimethylhydrazine (1,1-Dimethylhydrazine)	57-14-7	1,000	b
Arsine (Arsenic Hydride)	7784-42-1	100	b	2,2-Dimethylpropane (Propane, 2,2-Dimethyl-)	463-82-1	10,000	f
Azinphos-Ethyl	2642-71-9	100/10,000 ¹		Dimetilan	644-64-4	500/10,000 ¹	
Azinphos-Methyl [Guthion]	86-50-0	10/10,000 ¹		Dinitroresol (4,6-Dinitro-o-Cresol)	534-52-1	10/10,000 ¹	
Benzene, 1-(Chloromethyl)-4-Nitro-	100-14-1	500/10,000 ¹		Dinoseb	88-85-7	100/10,000 ¹	
Benzeneearsonic Acid	98-05-5	10/10,000 ¹		Dinoterb	1420-07-1	500/10,000 ¹	
Benzimidazole, 4,5-Dichloro-2-(Trifluoromethyl)-	3615-21-2	500/10,000 ¹		Diphacinone	82-66-6	10/10,000 ¹	
* Benzotrichloride (Benzoictrichloride)	98-07-7	100		* Disulfoton	298-04-4	500	
Bicyclo(2.2.1) Heptane-2-Carbonitrile, 5-Chloro-6-(((Methylamino)Carbonyl)Oxy)Imino)-, (1s-(1-alpha, 2-beta, 4-alpha, 5-alpha, 6E))-	15271-41-7	500/10,000 ¹		Dithiazanine Iodide	514-73-8	500/10,000 ¹	
Bis(Chloromethyl) Ketone	534-07-6	10/10,000 ¹		Dithiobutret	541-53-7	100/10,000 ¹	
Bitoscanate	4044-65-9	500/10,000 ¹		Emetine, Dihydrochloride	316-42-7	1/10,000 ¹	
Boron Trichloride (Trichloroborane)	10294-34-5	500	b	Endosulfan	115-29-7	10/10,000 ¹	
Boron Trifluoride (Trifluoroborane)	7637-07-2	500	b	Endothion	2778-04-3	500/10,000 ¹	
Boron Trifluoride Compound w/Methyl Ether(1:1) (Boron, Trifluoro (Oxybis (Metane)))	353-42-4	1,000	b	Endrin	72-20-8	500/10,000 ¹	
Bromadiolone	28772-56-7	100/10,000 ¹		Epichlorohydrin ((Chloromethyl) Oxirane)	106-89-8	1,000	b
Bromine	7726-95-6	500	a,b	EPN (Phenylphosphonothioic Acid o-Ethyl- (4-Nitrophenyl) Ester)	2104-64-5	100/10,000 ¹	
Bromotrifluorethylene (Ethene, Bromotrifluoro-)	598-73-2	10,000	f	Ergocalciferol	50-14-6	1,000/10,000 ¹	
1,3-Butadiene	106-99-0	10,000	f	Ergotamine Tartrate	379-79-3	500/10,000 ¹	
Butane	106-97-8	10,000	f	Ethane	74-84-0	10,000	f
Butene	25167-67-3	10,000	f	Ethyl Acetylene (1-Butyne)	107-00-6	10,000	f
1-Butene	106-98-9	10,000	f	Ethyl Chloride (Ethane, Chloro-)	75-00-3	10,000	f
2-Butene	107-01-7	10,000	f	Ethyl Ether (Ethane, 1,1'-Oxybis-)	60-29-7	10,000	g
2-Butene-cis	590-18-1	10,000	f	Ethyl Mercaptan (Ethanethiol)	75-08-1	10,000	g
2-Butene-trans (2-Butene, (E))	624-64-6	10,000	f	Ethyl Nitrite (Nitrous Acid, Ethyl Ester)	109-95-5	10,000	f
Cadmium Oxide	1306-19-0	100/10,000 ¹		Ethylamine (Ethanamine)	75-04-7	10,000	f
Cadmium Stearate	2223-93-0	1,000/10,000 ¹		Ethylene (Ethene)	74-85-1	10,000	f
Calcium Arsenate	7778-44-1	500/10,000 ¹		Ethylene Fluorohydrin	371-62-0	10	
Camphochlor	8001-35-2	500/10,000 ¹		Ethylene Oxide (Oxirane)	75-21-8	1,000	a,b
Cantharidin	56-25-7	100/10,000 ¹		Ethylenediamine (1,2-Ethanediamine)	107-15-3	10,000	b
Carbachol Chloride	51-83-2	500/10,000 ¹		Ethyleneimine (Aziridine)	151-56-4	500	b
Carbamic Acid, Methyl-, o-(((2,4-Dimethyl-1,3-Dithiolan-2-yl) Methylene)Amino)-	26419-73-8	100/10,000 ¹		Fenamiphos	22224-92-6	10/10,000 ¹	
Carbofuran	1563-66-2	10/10,000 ¹		Flueneitil	4301-50-2	100/10,000 ¹	
Carbon Disulfide	75-15-0	10,000	b	Fluorine	7782-41-4	500	b
Carbon Oxydisulfide (Carbon Oxide Sulfide (COS))	463-58-1	10,000	f	Fluoroacetamide	640-19-7	100/10,000 ¹	
Chlorine	7782-50-5	100	a,b	Fluoroacetic Acid	144-49-0	10/10,000 ¹	
Chlorine Dioxide (Chlorine Oxide (ClO ₂))	10049-04-4	1,000	c	Fluoroacetyl Chloride	359-06-8	10	
Chlorine Monoxide (Chlorine Oxide)	7791-21-1	10,000	f	Fluorouracil	51-21-8	500/10,000 ¹	
Chlormequat Chloride	999-81-5	100/10,000 ¹		Formaldehyde ²	50-00-0	500	b
Chloroacetic Acid	79-11-8	100/10,000 ¹		Formetanate Hydrochloride	23422-53-9	500/10,000 ¹	
Chloroform	67-66-3	10,000	b	Formparanate	17702-57-7	100/10,000 ¹	
Chloromethyl Ether (Methane, Oxybis(chloro-))	542-88-1	100	b	Fuberidazole	3878-19-1	100/10,000 ¹	
Chloromethyl Methyl Ether (Chloromethoxymethane)	107-30-2	100	b	Furan	110-00-9	500	b
Chlorophacinone	3691-35-8	100/10,000 ¹		Gallium Trichloride	13450-90-3	500/10,000 ¹	
1-Chloropropylene (1-Propene, 1-Chloro-)	590-21-6	10,000	g	Hydrazine	302-01-2	1,000	b
2-Chloropropylene (1-Propene, 2-Chloro-)	557-98-2	10,000	g	Hydrochloric Acid (conc 30% or greater)	7647-01-0	15,000	d
Chloroxuron	1982-47-4	500/10,000 ¹		Hydrocyanic Acid	74-90-8	2,500	a,b
Chromic Chloride	10025-73-7	1/10,000 ¹		Hydrogen	1333-74-0	10,000	f
Cobalt, ((2,2'-(1,2-Ethanediyldis(Nitrilomethylidene)))	62207-76-5	100/10,000 ¹		Hydrogen Chloride (Anhydrous Hydrochloric Acid), (Gas)	7647-01-0	500	a
Bis(6-Fluorophenolato)((2,2'-N,N',O,O')-	10210-68-1	10/10,000 ¹		Hydrogen Cyanide (Hydrocyanic Acid), (Gas)	74-90-8	100	
Cobalt Carbonyl	64-86-8	10/10,000 ¹		Hydrogen Fluoride/Hydrofluoric Acid (conc 50% or greater)	7664-39-3	1,000	a,b
Colchicine	56-72-4	100/10,000 ¹		Hydrogen Fluoride (Anhydrous Hydrofluoric Acid), (Gas)	7664-39-3	100	
Coumaphos	5836-29-3	500/10,000 ¹		Hydrogen Selenide	7783-07-5	10	b
Coumatetralyl	95-48-7	1,000/10,000 ¹		Hydrogen Sulfide	7783-06-4	500	a,b
o-Cresol	535-89-7	100/10,000 ¹		* Hydroquinone ⁴	123-31-9	500/10,000 ¹	
Crimidine	123-73-9	1,000	b	Iron, Pentacarbonyl- (Iron Carbonyl (Fe(CO) ₅ , (TB-5-11)-)	13463-40-6	100	b
Crotonaldehyde ((E)-(2-Butenal,(E))-)				Isobenzan	297-78-9	100/10,000 ¹	
				Isobutane (Propane, 2-Methyl)	75-28-5	10,000	f

REGULATED SUBSTANCES LIST

CHEMICAL NAME	TQ (lbs)	Listing Basis	CHEMICAL NAME	CAS #	TQ (lbs)	Listing Basis
Isobutyronitrile (2-Methylpropanenitrile)	78-82-0	1,000	Trichloromethanesulfonyl Chloride)	594-42-3	500	b
Isocyanic Acid, 3,4-Dichlorophenyl Ester	102-36-3	500/10,000 ¹	Phenol	108-95-2	500/10,000 ¹	
Isodrin	465-73-6	100/10,000 ¹	Phenol, 2,2'-Thiobis(4-Chloro-6-Methyl)	4418-66-0	100/10,000 ¹	
Isopentane (Butane, 2-Methyl-)	78-78-4	10,000	Phenol, 3-(1-Methylethyl)-, Methylcarbamate)	64-00-6	500/10,000 ¹	
Isophorone Diisocyanate	4098-71-9	100	Phenoxarsine, 10, 10' - Oxydi-	58-36-6	500/10,000 ¹	
Isoprene (1,3-Butadiene, 2-Methyl-)	78-79-5	10,000	* Phenylchloroarsine			
Isopropyl Chloride (Propane, 2-Chloro-)	75-29-6	10,000	(Dichlorophenylarsine) (Lewisite Variant)	696-28-6	500	
Isopropyl Chloroformate (Carbonochloridic Acid, 1-Methylethyl Ester)	108-23-6	1,000	Phenylhydrazine Hydrochloride	59-88-1	1,000/10,000 ¹	
Isopropylamine (2-Propanamine)	75-31-0	10,000	Phenylmercury Acetate (Phenylmercuric Acetate)	62-38-4	500/10,000 ¹	
Leptophos	21609-90-5	500/10,000 ¹	Phenylsilatrane	2097-19-0	100/10,000 ¹	
* Lewisite (Chlorovinylarsine Dichloride)	541-25-3	10	Phenylthiourea	103-85-5	100/10,000 ¹	
Lindane (Hexachlorocyclohexane (Gamma Isomer))	58-89-9	1,000/10,000 ¹	* Phorate	298-02-2	10	
Lithium Hydride	7580-67-8	100	Phosacetim	4104-14-7	100/10,000 ¹	
Malononitrile	109-77-3	500/10,000 ¹	Phosfolan	947-02-4	100/10,000 ¹	
* Manganese, Tricarbonyl Methylcyclopentadienyl	12108-13-3	100	Phosgene (Carbonyl Chloride)			
Mercuric Acetate	1600-27-7	500/10,000 ¹	(Carbonic Dichloride)	75-44-5	10	a,b
Mercuric Chloride	7487-94-7	500/10,000 ¹	Phosmet	732-11-6	10/10,000 ¹	
Mercuric Oxide	21908-53-2	500/10,000 ¹	Phosphine (Hydrogen Phosphide)	7803-51-2	500	b
Methacrylonitrile (Methylacrylonitrile)	126-98-7	500	* Phosphonothioic Acid, Methyl-S-(2-(Bis (1-Methylethyl)Amino)Ethyl) O-Ethyl Ester	50782-69-9	100	
(2-Methyl-2-Propenenitrile)	920-46-7	100	Phosphorus	7723-14-0	100	
Methacryloyl Chloride	30674-80-7	100	Phosphorus Oxychloride (Phosphoryl Chloride)	10025-87-3	500	b
Methacryloyloxyethyl Isocyanate	10265-92-6	100/10,000 ¹	Phosphorus Pentachloride	10026-13-8	500	
Methamidophos	74-82-8	10,000	Phosphorus Trichloride	7719-12-2	1,000	b
Methane	558-25-8	1,000	Physostigmine	57-47-6	100/10,000 ¹	
Methanesulfonyl Fluoride	950-37-8	500/10,000 ¹	Physostigmine, Salicylate (1:1)	57-64-7	100/10,000 ¹	
Methidathion	2032-65-7	500/10,000 ¹	Picrotoxin	124-87-8	500/10,000 ¹	
Methiocarb (Mercaptodimethur)	16752-77-5	500/10,000 ¹	Piperidine	110-89-4	1,000	b
Methoxyethylmercuric Acetate	151-38-2	500/10,000 ¹	Potassium Arsenite	10124-50-2	500/10,000 ¹	
2-Methyl-1-Butene	563-46-2	10,000	Potassium Cyanide	151-50-8	100	
3-Methyl-1-Butene	563-45-1	10,000	Potassium Silver Cyanide	506-61-6	500	
Methyl 2-Chloroacrylate	80-63-7	500	Promecarb	2631-37-0	500/10,000 ¹	
Methyl Bromide (Bromomethane)	74-83-9	1,000	Propadiene (1,2-Propadiene)	463-49-0	10,000	f
Methyl Chloride (Methane, Chloro-)	74-87-3	10,000	Propane	74-98-6	10,000	f
Methyl Chloroformate			* beta-Propiolactone	106-96-7	10	
(Carbonochloridic Acid, Methyl Ester)	79-22-1	500	Propionitrile (Propanenitrile)(Ethyl Cyanide)	57-57-8	500	
Methyl Ether (Methane, Oxybis-)	115-10-6	10,000	Propiophenone, 4'-Amino-	107-12-0	500	b
Methyl Formate (Formic Acid, Methyl Ester)	107-31-3	10,000	Propyl Chloroformate	70-69-9	100/10,000 ¹	
Methyl Hydrazine	60-34-4	500	(Carbonochloridic Acid, Propylester)			
Methyl Isocyanate (Isocyanatomethane)	624-83-9	500	Propylene (1-Propene)	109-61-5	500	b
Methyl Isothiocyanate	556-61-6	500	Propylene Oxide (Methyloxirane)	115-07-1	10,000	f
Methyl Mercaptan (Methanethiol) (Thiomethanol)	74-93-1	500	Propyleneimine (2-Methylaziridine)	75-56-9	10,000	b
Methyl Parathion (Parathion Methyl)	298-00-0	100/10,000 ¹	Propyne (1-Propyne)	75-55-8	10,000	b
Methyl Phosphonic Dichloride	676-97-1	100	Prothoate	74-99-7	10,000	f
Methyl Thiocyanate (Thiocyanic Acid, Methyl Ester)	556-64-9	10,000	Pyrene	2275-18-5	100/10,000 ¹	
Methyl Vinyl Ketone	78-94-4	10	Pyridine, 4-Amino-	129-00-0	1,000/10,000 ¹	
Methylamine (Methanamine)	74-89-5	10,000	Pyridine, 4-Nitro-, 1-Oxide	504-24-5	500/10,000 ¹	
Methylmercuric Dicyanamide	502-39-6	500/10,000 ¹	Pyriminil	1124-33-0	500/10,000 ¹	
2-Methylpropene (1-Propene, 2-Methyl-)	115-11-7	10,000	Salcomine	53558-25-1	100/10,000 ¹	
Methyltrichlorosilane (Trichloromethylsilane)	75-79-6	500	* Sarin	14167-18-1	500/10,000 ¹	
Metolcarb	1129-41-5	100/10,000 ¹	Selenious Acid	107-44-8	10	
Mexacarbate	315-18-4	500/10,000 ¹	Semicarbazide Hydrochloride	7783-00-8	1,000/10,000 ¹	
Mitomycin C	50-07-7	500/10,000 ¹	Silane	563-41-7	1,000/10,000 ¹	
Monocrotophos	6923-22-4	10/10,000 ¹	Sodium Arsenate	7803-62-5	10,000	f
Muscimol (5-(Aminomethyl)-3-Isoxazolol)	2763-96-4	500/10,000 ¹	Sodium Arsenite	7631-89-2	1,000/10,000 ¹	
* Mustard Gas (2,2'- Dichloroethyl Sulfide)	505-60-2	500	Sodium Azide (Na (N3))	7784-46-5	500/10,000 ¹	
Nickel Carbonyl (Nickel Tetracarbonyl)	13463-39-3	1	Sodium Azide (Na (N3))	26628-22-8	500	
Nicotine Sulfate	65-30-5	100/10,000 ¹	Sodium Cacodylate	124-65-2	100/10,000 ¹	
Nitric Acid	7697-37-2	1,000	Sodium Cyanide (Na (CN))	143-33-9	100	
Nitric Oxide (Nitrogen Monoxide (NO))	10102-43-9	100	Sodium Fluoroacetate (Fluoroacetic Acid, Sodium Salt)	62-74-8	10/10,000 ¹	
* Nitrobenzene	98-95-3	10,000	Sodium Selenate	13410-01-0	100/10,000 ¹	
Nitrogen Dioxide	10102-44-0	100	Sodium Selenite	10102-18-8	100/10,000 ¹	
* Nitrogen Mustard (Mechlorethamine)	51-75-2	10	Sodium Tellurite	10102-20-2	500/10,000 ¹	
Norbormide	991-42-4	100/10,000 ¹	Stannane, Acetoxytriphenyl-	900-95-8	500/10,000 ¹	
Oleum (Fuming Sulfuric Acid) (Sulfuric Acid, mixture with Sulfur Trioxide) ²	8014-95-7	10,000	Strychnine	57-24-9	100/10,000 ¹	
Organorhodium Complex (PMN-82-147)	MIXTURE	10/10,000 ¹	Strychnine, Sulfate	60-41-3	100/10,000 ¹	
Oxabain	630-60-4	100/10,000 ¹	Sulfur Dioxide (Anhydrous)	7446-09-5	500	a,b
Oxamyl	23135-22-0	100/10,000 ¹	Sulfur Tetrafluoride (Sulfur Fluoride (SF4), (T-4)-)	7783-60-0	100	b
Ozone	10028-15-6	100	Sulfur Trioxide (Sulfuric Anhydride)	7446-11-9	100	a,b
Paraquat Methosulfate	2074-50-2	10/10,000 ¹	* Sulfuric Acid ³	7664-93-9	1,000	
Paraquat (Paraquat Dichloride)	1910-42-5	10/10,000 ¹	* Tabun (Ethyl Dimethylamidocyanophosphate)	77-81-6	10	
Paris Green (Cupric Acetoarsenite)	12002-03-8	500/10,000 ¹	Tellurium Hexafluoride	7783-80-4	100	
Pentaborane	19624-22-7	500	Tetrafluoroethylene (Ethene, Tetrafluoro-)	116-14-3	10,000	f
Pentadecylamine	2570-26-5	100/10,000 ¹	Tetramethyllead (Tetramethylplumbane)	75-74-1	100	b
1,3-Pentadiene	504-60-9	10,000	Tetramethylsilane (Silane, Tetramethyl-)	75-76-3	10,000	g
Pentane	109-66-0	10,000	Tetranitromethane (Methane, Tetranitro-)	509-14-8	500	b
1-Pentene	109-67-1	10,000	Thallium Sulfate	10031-59-1	100/10,000 ¹	
2-Pentene, (E)-	646-04-8	10,000	Thallous Carbonate (Thallium (I) Carbonate)	6533-73-9	100/10,000 ¹	
2-Pentene, (Z)-	627-20-3	10,000	Thallous Chloride (Thallium Chloride)	7791-12-0	100/10,000 ¹	
Peracetic Acid			Thallous Malonate (Thallium Malonate)	2757-18-8	100/10,000 ¹	
(Ethaneperoxoic Acid) (Peroxyacetic Acid)	79-21-0	500	Thallous Sulfate (Thallium (I) Sulfate)	7446-18-6	100/10,000 ¹	
Perchloromethylmercaptan			Thiocarbazine	2231-57-4	1,000/10,000 ¹	
			Thiofanox	39196-18-4	100/10,000 ¹	
			Thiosemicarbazide	79-19-6	100/10,000 ¹	
			Thiourea, (2-Chlorophenyl)-	5344-82-1	100/10,000 ¹	

REGULATED SUBSTANCES LIST

CHEMICAL NAME	CAS	TQ (lbs)	Listing Basis
Thiourea, (2-Methylphenyl)-	614-78-8	500/10,000 ¹	
Titanium Tetrachloride (Titanium Chloride (TiCl ₄) (T-4)	7550-45-0	100	b
Toluene-2,6-Diisocyanate			
(1,3-Diisocyanato-2-Methylbenzene) ⁵	91-08-7	100	a
Toluene-2,4-Diisocyanate			
(2,4-Diisocyanato-1-Methylbenzene) ⁵	584-84-9	500	a
Toluene Diisocyanate (unspecified isomer)			
(Benzene,1,3-Diisocyanatomethyl)- ⁵	26471-62-5	10,000	a
Triamiphos	1031-47-6	500/10,000 ¹	
Trichloro(Chloromethyl)Silane	1558-25-4	100	
Trichloro(Dichlorophenyl)Silane	27137-85-5	500	
Trichloronate	327-98-0	500	
Trichlorosilane (Silane, Trichloro-)	10025-78-2	10,000	g
Triethoxysilane	998-30-1	500	
Trifluorochloroethylene (Ethene, Chlorotrifluoro-)	79-38-9	10,000	f
Trimethylamine (Methanamine, N,N-dimethyl-)	75-50-3	10,000	f
Trimethylchlorosilane (Chlorotrimethylsilane)	75-77-4	1,000	b
Trimethylolpropane Phosphite	824-11-3	100/10,000 ¹	
Trimethyltin Chloride	1066-45-1	500/10,000 ¹	
Triphenyltin Chloride	639-58-7	500/10,000 ¹	
* Tris(2-Chloroethyl)Amine	555-77-1	100	
Valinomycin	2001-95-8	1,000/10,000 ¹	
Vanadium Pentoxide	1314-62-1	100/10,000 ¹	
Vinyl Acetate Monomer (Vinyl Acetate)			
(Acetic Acid, Ethenyl Ester)	108-05-4	1,000	b
Vinyl Acetylene (1-Buten-3-Yne)	689-97-4	10,000	f
Vinyl Chloride (Ethene, Chloro-)	75-01-4	10,000	a,f
Vinyl Ethyl Ether (Ethene, Ethoxy-)	109-92-2	10,000	g
Vinyl Fluoride (Ethene, Fluoro-)	75-02-5	10,000	f
Vinyl Methyl Ether (Ethene, Methoxy-)	107-25-5	10,000	f
Vinylidene Chloride (Ethene, 1,1-Dichloro-)	75-35-4	10,000	g
Vinylidene Fluoride (Ethene, 1,1-Difluoro-)	75-38-7	10,000	f
Warfarin	81-81-2	500/10,000 ¹	
Warfarin Sodium (Coumadin) (Sodium salt)	129-06-6	100/10,000 ¹	
Xylylene Dichloride	28347-13-9	100/10,000 ¹	
Zinc, Dichloro(4,4-Dimethyl-5((((Methylamino) Carbonyl)Oxy)Imino)Pentanenitrile)-, (T-4)-	58270-08-9	100/10,000 ¹	
Zinc Phosphide	1314-84-7	500	

* Substances delisted failing physical criteria test and relisted pursuant to health impacts.

¹ These extremely hazardous substances are solids. The lesser quantity listed applies only if in powdered form and with a particle size of less than 100 microns; or if handled in solution or in molten form; or the substance has an NFPA rating for reactivity of 2, 3, or 4. Otherwise, a 10,000 pound threshold applies.

² Appropriate synonyms or mixtures of regulated substances with the same CAS number are also regulated, e.g., anhydrous ammonia, formalin.

³ Sulfuric acid is a State Regulated Substance only under the following conditions:

- If concentrated with greater than 100 pounds of sulfur trioxide or the acid meets the definition of oleum. (The threshold for sulfur trioxide is 100 pounds.) (The threshold for oleum is 10,000 pounds.)
- If in a container with flammable hydrocarbons (flash point < 73° F).

⁴ Hydroquinone is exempt in crystalline form.

⁵ The mixture exemption in Section 2770.2(b)(1) does not apply to the Substance.

LEGEND: Basis for Listing:

- Mandated for listing by Congress.
- On EHS list, vapor pressure 10 mmHg or greater.
- Toxic gas.
- Toxicity of hydrogen chloride, potential to release hydrogen chloride, and history of accidents.
- Toxicity of sulfur trioxide and sulfuric acid, potential to release sulfur trioxide, and history of accidents.
- Flammable gas.
- Volatile flammable liquid.

**LOS ANGELES COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIALS BUSINESS PLAN**

Your business has been identified as one which may handle a hazardous material or a mixture containing a hazardous material. The State threshold quantity for the Business Plan and Inventory reporting of hazardous materials is 500 pounds, 55 gallons, or 200 cubic feet of a gas calculated at standard temperature and pressure, or the federal threshold planning quantity (if less than 500 pounds) for extremely hazardous substances. Please complete the following Business Plan and inventory.

Please read attached requirements, definitions and instructions (pages A, B, C & D) prior to completing the Business Plan. This form shall be typed or printed legibly in ink. Return the completed original forms together to:

Los Angeles County Fire Department
Health Hazardous Materials Division
Disclosure Unit
5825 Rickenbacker Rd.
Commerce, CA 90040-3027

SECTION I: BUSINESS IDENTIFICATION DATA			
BUSINESS NAME FRED R. RIPPY, INC.			
SITE ADDRESS 12471 E. WASHINGTON BLVD.	CITY WHITTIER CA	ZIP CODE 90602	SITE TELEPHONE NUMBER (562) 698-9801
FACILITY UNIT			
BUSINESS MAILING ADDRESS SAME	CITY	STATE	ZIP CODE
BUSINESS OWNER FRANCINE H. RIPPY			
OWNER MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER ()
PRINCIPAL BUSINESS ACTIVITY STAMPING OF LAMINATIONS FOR ELECTRICAL MOTORS			
I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.			
PRINT NAME OF OWNER/OPERATOR FRANCINE H. RIPPY	SIGNATURE		DATE 1/6/99
DOCUMENT PREPARED BY CARRIE SAFIAN	SIGNATURE		DATE 1/6/99

SECTION II: OCCUPANCY DATA			
A. If your business has a license or permit from any of the following agencies, please indicate the number.			
1. Hazardous Materials Underground Storage	NUMBER	4. Los Angeles County Business License	NUMBER
2. Los Angeles County Hazardous Waste Control License	NUMBER 101 174810	5. Fire Department Permits	NUMBER 19-999-05309
3. City Business license City of: WHITTIER	NUMBER 28276	B. Does your business handle any quantity of radioactive material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
C. Does your business have a storage tank(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes:	1. Is the tank(s) above ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is the tank(s) below ground? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is the tank(s) in service at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICIAL USE ONLY	DIV	BN	STA	CITY CODE	<input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> A-		
ISSUED	REC'D	INSP#	TOTAL QUANTITY	FEE GROUP	DATE	BY	I.D.#

SECTION III: EMERGENCY RESPONSE PLANS AND PROCEDURES

- A. Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Administering Agency and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

Fire/Paramedics/Police/Sheriff

Phone: 911

INDIVIDUAL RESPONSIBLE FOR CALLING 911

CAROL CASTILLO

AFTER the local emergency response personnel are notified, you shall then notify this Administering Agency and the Office of Emergency Services.

Local Administering Agency:

(213) 890 - 4000

State Office of Emergency Services:

(800) 852 - 7550 or (916) 262 - 1621

INDIVIDUAL RESPONSIBLE FOR CALLING THIS ADMINISTERING AGENCY AND THE STATE OFFICE OF EMERGENCY SERVICES.

CAROL CASTILLO

- B. List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials.

HOSPITAL/CLINIC

PRESBYTERIAN INTERCOMMUNITY HOSPITAL

ADDRESS

CITY

ZIP CODE

PHONE NUMBER

12401 E. WASHINGTON BLVD., WHITTIER, CA 90602

(562) 698-0811

- C. DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

State law requires your business to complete all sections of this Emergency Response Procedure listed below. The entry "Not Applicable" is not permitted. Use only the space provided, no attachments or supplements will be accepted.

- D. Briefly describe your business' standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) — Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to **prevent** these hazards from occurring? You may include a discussion of safety and storage procedures.

PROLONGED OVEREXPOSURE CAN CAUSE IRRITATION OF THE RESPIRATORY SYSTEM AND SKIN.

AREA OF USE IS PLACED IN A WELL VENTILLATED AREA.

2. **MITIGATION** (reduce the hazard) — Describe what is done to **lessen** the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

ALL EMPLOYEES THAT WILL BE USING A HAZARDOUS SUBSTANCE ARE INSTRUCTED IN ITS PROPER USE AND HANDLING. ALL MATERIAL ARE STORED IN CLOSED CONTAINERS. SPILL CONTAINING EQUIPMENT IS STORED BY ALL NECESSARY EQUIPMENT.

HAZARDOUS MATERIALS BUSINESS PLAN (continued)

3. **ABATEMENT** (remove the hazard) — Describe what you would to **stop** and **remove** the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

1. EVACUATE AREA AND PROVIDE MAX. VENTILLATION.
2. DIKE AREA TO CONTAIN THE SPILL.
3. RECOVER SPILL WITH ABSORBENT MATERIAL.
4. PLACE IN SEALED CONTAINER FOR DISPOSAL.
5. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEETS INSTRUCTION.

4. Describe what policies and procedures your business will follow to immediately notify and evacuate your facility in the event of a release or threatened release of hazardous materials.

IN THE EVENT OF A HAZARDOUS SITUATION, A LONG CONTINUOUS BLAST ON THE OUTSIDE BUZZER IS A SIGNAL FOR ALL EMPLOYEES TO EVACUATE THE BUILDING AND SURROUNDING AREA. USING THE CLOSEST AND SAFEST EXIT FOLLOWING THE EMERGENCY PROCEDURES.

5. Your business is required by State Law to keep a copy of this Business Plan, including the Inventory and Site Map. Describe where this copy is located at your business.

A COPY OF THE EMERGENCY PROCEDURES AND THE INJURY AND ILLNESS PREVENTION PROGRAM IS POSTED ON THE EMPLOYEE BULLETIN BOARD.

I.B. #

SECTION IV: EMPLOYEE TRAINING PROGRAM

- A. Describe the training for all employees in safety procedures in the event of a release or threatened release of hazardous materials. This training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, and familiarization with Section III (Emergency Plans and Procedures) of this business plan.

ONCE A YEAR A SAFETY AND HAZARDOUS MATERIAL MEETING WILL BE CONDUCTED BY THE SAFETY COORDINATOR. AT THAT TIME THE INJURY AND ILLNESS PREVENTION PROGRAM WILL BE REVIEWED AND DISCUSSED, AS WELL AS THE EMERGENCY PROCEDURES.

ANY NEW EMPLOYEE WILL BE FAMILARIZED WITH BOTH PROGRAMS AT THEIR TIME OF HIRE.

LOS ANGELES COUNTY FIRE DEPARTMENT HAZARDOUS MATERIAL SITE MAP

RETURN THIS COMPLETED ORIGINAL
(SEE BACK FOR EXAMPLE)

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J		

LAYOUT LEGEND

- INSIDE STORAGE LOCATION
- EVACUATION/STAGING AREAS
- HMS HAZARDOUS MATERIALS STORAGE/HANDLING AREA
- Y FIRE HYDRANT
- X FIRE EXTINGUISHER
- E ELECTRICAL PANEL
- G GAS SHUT-OFF
- W WATER SHUT-OFF

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J		

BUSINESS NAME _____

ADDRESS _____ **CITY** _____ **ZIP CODE** _____ **I.D.#** _____

SITE MAP INSTRUCTIONS

- Review these instructions and the example site map prior to completing your business' site map. Site maps not conforming to these requirements shall be returned for correction.
- Business site maps are required to be completed by each business that handles a hazardous material which has a quantity at any one time during the reporting year greater than a total weight of 5,000 lbs., or a total volume of 500 gallons, or 2,000 cubic feet at standard temperature and pressure for compressed gas. For large businesses, complete additional site maps, if necessary.
- The following symbols shall be used:

Fire Department Sprinkler connection	Guard Station	Storm Drain
Fire Department Standpipe Connection	Air Conditioning Controls	Sewer
Fire Hydrants	Electrical Panel	Aboveground Tank
E/S Evacuation/Staging Areas	Gas Shut-off	Underground Tank
MSDS Storage Location	Water Shut-off	Insulated Tank
LAS Limited Access Systems (e.g. Knox Box)	Fence/Barrier	Pressurized Tank
	Railroad Track	

- Identify the storage areas and type of hazardous materials stored in these areas using the following symbols:

HMS - Hazardous Materials Storage/Handling Area

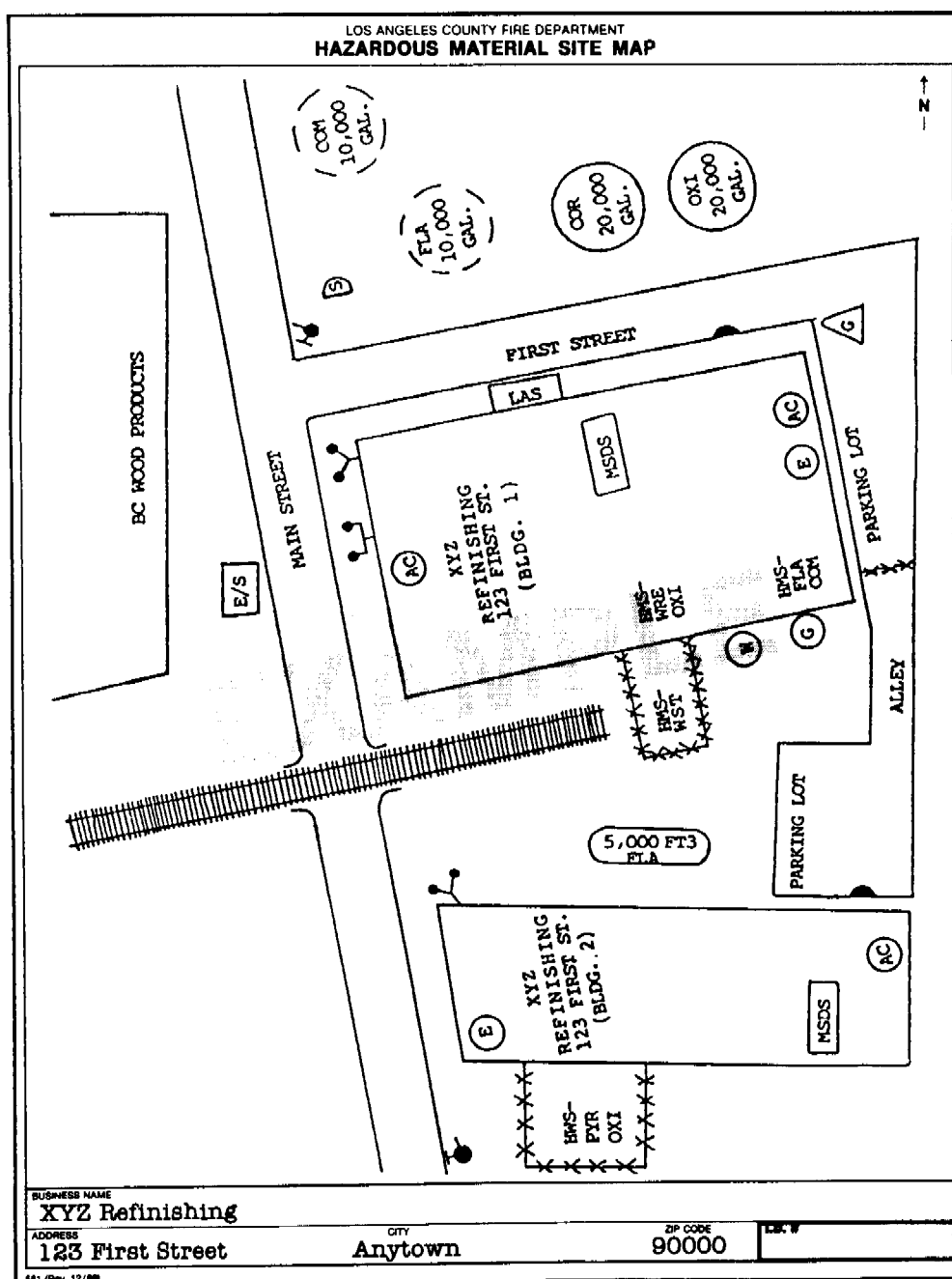
COM - Combustible
COR - Corrosive
CRY - Cryogenic

ETI - Etiologic
EXP - Explosive
FLA - Flammable

ORG - Organic Peroxide
OXI - Oxidizer
PSN - Poison

PYR - Pyrophoric
RAD - Radioactive
TOX - Toxic

WRE - Water Reactive
WST - Waste



Public Health License

Now what?

T-Typo/minor
C-major Change

Q-out of busn
Z-dup acct
R-Revocation
W-no longer haz

U-Undelete

Control #
X064199

Care of
12471 E WASHINGTON BLV
Mailing address

Partner

WHITTIER
City

CA 90602-
State ZIP

3544 174810
SIC Acct #
27 101
Empl Fee

/ /
Eff date
FRED R RIPPY INC
DBA

12471 E
Begin End Frc ♦

WASHINGTON
Street name

BL
typ ♦

WHI 90602-
Unit City ZIP

Corp ID

/ -
Site phone

/ -
Owner phone

FRED R RIPPY INC
Owner

Press Esc to abort Enter to continue



Los Angeles County • Certified Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☒ REVISE

200

REPORTING YEAR 1999

PAGE 4 OF 4

I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As) FRED R. RIPPY, INC.			
CHEMICAL LOCATION 12471 E. WASHINGTON BLVD. WHITTIER, CA 90602		201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MAP # (Optional)	203	GRID # (Optional)	204
		FACILITY ID# 19 / 999 / 005309	

II. CHEMICAL INFORMATION

CHEMICAL NAME OXYGEN		205	TRADE SECRET <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If subject to EPCRA refer to instructions	206
COMMON NAME		207	EHS *	208
CAS #		209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FIRE CODE HAZARD CLASSES				
TYPE <input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE		211	RADIOACTIVE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	212
PHYSICAL STATE <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS		214	LARGEST CONTAINER 154 CU FT	215
FEDERAL HAZARD CATEGORIES <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTION <input checked="" type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
AVERAGE DAILY AMOUNT 154 CU FT	217	MAX DAILY AMOUNT 154 CU FT	218	ANNUAL WASTE AMOUNT
UNITS* <input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS		221	STATE WASTE CODE 8001	220
			DAYS ON SITE 365	222

* If EHS, amount must be reported in pounds.

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

a <input type="checkbox"/> ABOVEGROUND TANK	f <input type="checkbox"/> CAN	k <input type="checkbox"/> BOX	p <input type="checkbox"/> TANK WAGON
b <input type="checkbox"/> UNDERGROUND TANK	g <input type="checkbox"/> CARBOY	l <input checked="" type="checkbox"/> CYLINDER	q <input type="checkbox"/> RAIL CAR
c <input type="checkbox"/> TANK INSIDE BUILDING	h <input type="checkbox"/> SILO	m <input type="checkbox"/> GLASS BOTTLE	r <input type="checkbox"/> OTHER
d <input type="checkbox"/> STEEL DRUM	i <input type="checkbox"/> FIBER DRUM	n <input type="checkbox"/> PLASTIC BOTTLE	
e <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	j <input type="checkbox"/> BAG	o <input type="checkbox"/> TOTE BIN	
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			

% WT	HAZARDOUS COMPONENT (FOR MIXTURE OF WASTES ONLY)	EHS	CAS #
1 226	227	<input type="checkbox"/> YES <input type="checkbox"/> NO	228 229
2 230	231	<input type="checkbox"/> YES <input type="checkbox"/> NO	232 233
3 234	235	<input type="checkbox"/> YES <input type="checkbox"/> NO	236 237
4 238	239	<input type="checkbox"/> YES <input type="checkbox"/> NO	240 241
5 242	243	<input type="checkbox"/> YES <input type="checkbox"/> NO	244 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:	246
If EPCRA, please sign here	

OFFICIAL USE ONLY

DATE RECD	REVIEWED BY		
DIV	BN	STA	OTHER
DISTRICT		CUPA	PA



Los Angeles County • Certified Unified Program Agency
REGULATED SUBSTANCE REGISTRATION

THIS FORM IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (WHICH INCLUDE EXTREMELY HAZARDOUS SUBSTANCES IN CALIFORNIA) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A SINGLE REGISTRATION FOR EACH REGULATED SUBSTANCE PER PROCESS.

BUSINESS NAME:		3	FACILITY ID#		1		
U.S. EPA ID#:	2	NUMBER OF FT EMPLOYEES:		350	PROGRAM LEVEL:	351	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
NAME OF CORPORATE PARENT COMPANY:		352	DUN & BRADSTREET:		353		
PERSON RESPONSIBLE FOR RMP (First Name, Last Name):		354	TITLE:		355		
LATITUDE:		356	LONGITUDE:		357	PROCESS SIC/NAICS:	358
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM)?		359	DOES THE PROCESS REQUIRE A CAA TITLE V OPERATING PERMIT?		360		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)?		361	LAST SAFETY INSPT:		362		
<input type="checkbox"/> YES <input type="checkbox"/> NO			AGENCY _____ DATE _____				

PROCESS DESCRIPTION:	303

PRINCIPAL EQUIPMENT	363

CERTIFICATION			
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.			
OWNER/OPERATOR NAME	300	OWNER/OPERATOR TITLE	301
OWNER/OPERATOR SIGNATURE		DATE EXECUTED	302



Los Angeles County • Certified Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☒ REVISE

200

REPORTING YEAR 1999

PAGE 3 OF 4

I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

12471 E. WASHINGTON BLVD. WHITTIER, CA 90602

201

CHEMICAL LOCATION
CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

MAP # (Optional)

203

GRID # (Optional)

204

FACILITY ID#

19 / 999 / 005309

1

II. CHEMICAL INFORMATION

CHEMICAL NAME

SAF WAY LUBRICANT

205

TRADE SECRET

☐ YES ☒ NO

206

If subject to EPCRA refer to instructions

COMMON NAME

207

EHS *

☐ YES ☒ NO

208

CAS #

64741-97-5

209

FIRE CODE HAZARD CLASSES

210

TYPE

☐ PURE

☒ MIXTURE

☒ WASTE

211

RADIOACTIVE

☐ YES ☒ NO

CURIES

213

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ GAS

214

LARGEST CONTAINER

55 GAL.

215

FEDERAL HAZARD CATEGORIES

☒ FIRE

☐ REACTION

☐ PRESSURE RELEASE

☐ ACUTE HEALTH

☒ CHRONIC HEALTH

AVERAGE DAILY

217

MAX DAILY

218

ANNUAL WASTE

219

STATE WASTE

220

AMOUNT

75 GAL.

AMOUNT

115 GAL.

AMOUNT

50 GAL.

CODE

221

UNITS*

☒ GAL

☐ CU FT

☐ LBS

☐ TONS

221

DAYS ON SITE

365

222

* If EHS, amount must be reported in pounds.

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

223

a ☐ ABOVEGROUND TANK

f ☐ CAN

k ☐ BOX

p ☐ TANK WAGON

b ☐ UNDERGROUND TANK

g ☐ CARBOY

l ☐ CYLINDER

q ☐ RAIL CAR

c ☐ TANK INSIDE BUILDING

h ☐ SILO

m ☐ GLASS BOTTLE

r ☐ OTHER

d ☒ STEEL DRUM

i ☐ FIBER DRUM

n ☐ PLASTIC BOTTLE

e ☐ PLASTIC/NONMETALLIC DRUM

j ☐ BAG

o ☐ TOTE BIN

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

% WT	HAZARDOUS COMPONENT (FOR MIXTURE OF WASTES ONLY)	EHS	CAS #
1 VARIABLE 226	MINERAL OIL 227	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 228	64741-97-5 229
2 230	231	<input type="checkbox"/> YES <input type="checkbox"/> NO 232	233
3 234	235	<input type="checkbox"/> YES <input type="checkbox"/> NO 236	237
4 238	239	<input type="checkbox"/> YES <input type="checkbox"/> NO 240	241
5 242	243	<input type="checkbox"/> YES <input type="checkbox"/> NO 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

246

If EPCRA, please sign here

OFFICIAL USE ONLY

DATE RECD	REVIEWED BY
DIV BN STA OTHER	DISTRICT CUPA PA



Los Angeles County • Certified Unified Program Agency
REGULATED SUBSTANCE REGISTRATION

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BUSINESS NAME: 3		FACILITY ID# 1	
U.S. EPA ID#: 2	NUMBER OF FT EMPLOYEES: 350	PROGRAM LEVEL: 351 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
NAME OF CORPORATE PARENT COMPANY: 352		DUN & BRADSTREET: 353	
PERSON RESPONSIBLE FOR RMP (First Name, Last Name): 354		TITLE: 355	
LATITUDE: 356	LONGITUDE: 357	PROCESS SIC/NAICS: 358	
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ? 359 <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES THE PROCESS REQUIRE A CAA TITLE V OPERATING PERMIT ? 360 <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)? 361 <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST SAFETY INSPT: 362 AGENCY _____ DATE _____	

PROCESS DESCRIPTION: 303

PRINCIPAL EQUIPMENT 363

CERTIFICATION	
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.	
OWNER/OPERATOR NAME 300	OWNER/OPERATOR TITLE 301
OWNER/OPERATOR SIGNATURE	DATE EXECUTED 302



Los Angeles County • Certified Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☒ REVISE

200

REPORTING YEAR 1999

PAGE 2 OF 4

I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

12471 E. WASHINGTON BLVD. WHITTIER, CA 90602

MAP # (Optional)

203

GRID # (Optional)

201

CHEMICAL LOCATION

CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID#

19 / 999 / 005309

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

ACCUSTAMP VANISHING OIL

205

TRADE SECRET

☐ YES ☒ NO

206

If subject to EPCRA refer to instructions

COMMON NAME

207

EHS *

☐ YES ☒ NO

208

CAS #

209

FIRE CODE HAZARD CLASSES

210

TYPE

☐ PURE

☒ MIXTURE

☐ WASTE

211

RADIOACTIVE

☐ YES ☒ NO

CURIES

213

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ GAS

214

LARGEST CONTAINER

55 GAL.

215

FEDERAL HAZARD CATEGORIES

☒ FIRE

☐ REACTION

☐ PRESSURE RELEASE

☐ ACUTE HEALTH

☒ CHRONIC HEALTH

AVERAGE DAILY
AMOUNT

165 GAL.

217

MAX DAILY
AMOUNT

165 GAL.

218

ANNUAL WASTE
AMOUNT

219

STATE WASTE
CODE

220

UNITS*

☒ GAL

☐ CU FT

☐ LBS

☐ TONS

221

DAYS ON SITE

365

222

* If EHS, amount must be reported in pounds.

STORAGE CONTAINER CODE - CHECK THE APPROPRIATE BOX BELOW

223

a ☐ ABOVEGROUND TANK

f ☐ CAN

k ☐ BOX

p ☐ TANK WAGON

b ☐ UNDERGROUND TANK

g ☐ CARBOY

l ☐ CYLINDER

q ☐ RAIL CAR

c ☐ TANK INSIDE BUILDING

h ☐ SILO

m ☐ GLASS BOTTLE

r ☐ OTHER

d ☒ STEEL DRUM

i ☐ FIBER DRUM

n ☐ PLASTIC BOTTLE

e ☐ PLASTIC/NONMETALLIC DRUM

j ☐ BAG

o ☐ TOTE BIN

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

% WT	HAZARDOUS COMPONENT (FOR MIXTURE OF WASTES ONLY)	EHS	CAS #
1 VARIABLE ²²⁶	ALIPHATIC HYDROCARBON ²²⁷	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ²²⁸	8052-41-3 ²²⁹
2 VARIABLE ²³⁰	MINERAL OIL ²³¹	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ²³²	64741-97-5 ²³³
3 ²³⁴	²³⁵	<input type="checkbox"/> YES <input type="checkbox"/> NO ²³⁶	²³⁷
4 ²³⁸	²³⁹	<input type="checkbox"/> YES <input type="checkbox"/> NO ²⁴⁰	²⁴¹
5 ²⁴²	²⁴³	<input type="checkbox"/> YES <input type="checkbox"/> NO ²⁴⁴	²⁴⁵

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

246

If EPCRA, please sign here

OFFICIAL USE ONLY

DATE RECD	REVIEWED BY					
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA



Los Angeles County • Certified Unified Program Agency
REGULATED SUBSTANCE REGISTRATION

THIS FORM IS TO BE COMPLETED FOR A STATIONARY SOURCE THAT HANDLES A REGULATED SUBSTANCE (RS) IN A PROCESS AT OR ABOVE THE THRESHOLD QUANTITY. REGULATED SUBSTANCES (WHICH INCLUDE EXTREMELY HAZARDOUS SUBSTANCES IN CALIFORNIA) MUST BE REGISTERED FOR THE PURPOSE OF COMPLYING WITH THE CALIFORNIA ACCIDENTAL RELEASE PREVENTION (CalARP) PROGRAM. THE OWNER OR OPERATOR SHALL COMPLETE A HAZARDOUS MATERIALS INVENTORY FORM AND A SINGLE REGISTRATION FOR EACH REGULATED SUBSTANCE PER PROCESS.

BUSINESS NAME:		3	FACILITY ID#		1	
U.S. EPA ID#:	2	NUMBER OF FT EMPLOYEES:		350	PROGRAM LEVEL:	351
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
NAME OF CORPORATE PARENT COMPANY:		352	DUN & BRADSTREET:		353	
PERSON RESPONSIBLE FOR RMP (First Name, Last Name):		354	TITLE:		355	
LATITUDE:	356	LONGITUDE:		357	PROCESS SIC/NAICS:	358
IS FACILITY SUBJECT TO 29CFR 1910.119/CCR 8 SEC 5189(PSM) ?		359	DOES THE PROCESS REQUIRE A CAA TITLE V OPERATING PERMIT ?		360	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)?		361	LAST SAFETY INSPT:		362	
<input type="checkbox"/> YES <input type="checkbox"/> NO				AGENCY _____ DATE _____		

PROCESS DESCRIPTION:	303

PRINCIPAL EQUIPMENT	363

CERTIFICATION			
I, the owner or operator of the aforementioned business, hereby certify that the registration information provided above is true, accurate, and complete to the best of my knowledge, based upon reasonable inquiry. I am fully aware that this certification, executed on the date indicated below, is made under penalty of perjury under the laws of the State of California.			
OWNER/OPERATOR NAME	300	OWNER/OPERATOR TITLE	301
OWNER/OPERATOR SIGNATURE		DATE EXECUTED	302



Los Angeles County • Certified Unified Program Agency
HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION

(ONE PAGE PER MATERIAL PER BUILDING OR AREA)

☐ ADD ☐ DELETE ☒ REVISE

200

REPORTING YEAR 1999

PAGE 1 OF 4

I. FACILITY INFORMATION

BUSINESS NAME (same as FACILITY NAME or DBA - Doing Business As)

FRED R. RIPPY, INC.

CHEMICAL LOCATION

12471 E. WASHINGTON BLVD. WHITTIER, CA 90602

201

CHEMICAL LOCATION
CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

MAP # (Optional)

203

GRID # (Optional)

204

FACILITY ID#

19 / 999 / 005309

II. CHEMICAL INFORMATION

CHEMICAL NAME

ACETYLENE

205

TRADE SECRET

☐ YES ☒ NO

206

If subject to EPCRA refer to instructions

COMMON NAME

207

EHS *

☐ YES ☒ NO

208

CAS #

74-86-2

209

FIRE CODE HAZARD CLASSES

210

TYPE

☒ PURE

☐ MIXTURE

☐ WASTE

211

RADIOACTIVE

☐ YES ☒ NO

CURIES

213

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ GAS

214

LARGEST CONTAINER

111 CU FT

215

FEDERAL HAZARD CATEGORIES

☒ FIRE

☒ REACTION

☒ PRESSURE RELEASE

☐ ACUTE HEALTH

☐ CHRONIC HEALTH

AVERAGE DAILY
AMOUNT

111 CU FT

MAX DAILY
AMOUNT

111 CU FT

ANNUAL WASTE
AMOUNT

STATE WASTE
CODE

UNITS*

☐ GAL

☒ CU FT

☐ LBS

☐ TONS

DAYS ON SITE

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e ☐ PLASTIC/NONMETALLIC DRUM

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STORAGE PRESSURE

☐ a. AMBIENT

☒ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

% WT	HAZARDOUS COMPONENT (FOR MIXTURE OF WASTES ONLY)	EHS	CAS #
1	226	227 <input type="checkbox"/> YES <input type="checkbox"/> NO	228
2	230	231 <input type="checkbox"/> YES <input type="checkbox"/> NO	232
3	234	235 <input type="checkbox"/> YES <input type="checkbox"/> NO	236
4	238	239 <input type="checkbox"/> YES <input type="checkbox"/> NO	240
5	242	243 <input type="checkbox"/> YES <input type="checkbox"/> NO	244

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ADDITIONAL LOCALLY COLLECTED INFORMATION:

246

If EPCRA, please sign here

OFFICIAL USE ONLY

DATE RECD				REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



Los Angeles County • Certified Unified Program Agency
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BUSINESS NAME:		3	FACILITY ID#		1		
U.S. EPA ID#:	2	NUMBER OF FT EMPLOYEES:		350	PROGRAM LEVEL:	351	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
NAME OF CORPORATE PARENT COMPANY:		352	DUN & BRADSTREET:		353		
PERSON RESPONSIBLE FOR RMP (First Name, Last Name):		354	TITLE:		355		
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<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
IS SUBSTANCE LISTED IN 40 CFR 355 APPENDIX A (EHS)?		361	LAST SAFETY INSPT:		362		
<input type="checkbox"/> YES <input type="checkbox"/> NO				AGENCY _____ DATE _____			

PROCESS DESCRIPTION:	303

PRINCIPAL EQUIPMENT	363

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OWNER/OPERATOR NAME	300	OWNER/OPERATOR TITLE	301
OWNER/OPERATOR SIGNATURE		DATE EXECUTED	302



Los Angeles County • Certified Unified Program Agency
HAZARDOUS MATERIALS BUSINESS PLAN

I. FACILITY IDENTIFICATION

BUSINESS NAME (Facility Name or DBA)

FRED R. RIPPY, INC.

FACILITY ID #

019-999-005309

II. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Administering Agency and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDICS/POLICE/SHERIFF

PHONE: 911

INDIVIDUAL RESPONSIBLE FOR CALLING 911

CAROL CASTILLO

AFTER the local emergency response personnel are notified, you shall then notify this Administering Agency and the Office of Emergency Services.

Local Administering Agency: (323) 890-4000

State Office of Emergency Service: (800) 852-7550 or (916) 262-1621

INDIVIDUAL RESPONSIBLE FOR CALLING THIS ADMINISTERING AGENCY AND THE STATE OFFICE OF EMERGENCY SERVICES.

CAROL CASTILLO

B. List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC:

PRESBYTERIAN INTERCOMMUNITY HOSPITAL

PHONE NO:

562-698-0811

ADDRESS:

12401 E. WASHINGTON BLVD, WHITTIER,

STATE:

CA

ZIP CODE:

90602

C. DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

State law requires your business to complete all sections of this Emergency Response Procedure listed below. The entry "Not Applicable" is not permitted. Use only the space provided, no attachments or supplements will be accepted.

D. Briefly describe your business' standard operating procedures in the event of a release or threatened release of hazardous materials:

1. **PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

ACCUSTAMP AND SAF-WAY LUBE - MAY CAUSE MILD IRRITATION TO SKIN. ALL EMPLOYEES ARE

INSTRUCTED IN PROPER USE AND HANDLING.

ACETYLENE AND OXYGEN - INHALATION / ASPHYXIAN. RESTRICTED USE TO 1 OR 2 EXPERIENCED

EMPLOYEES ONLY.

2. **MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?

ACCUSTAMP AND SAF-WAY LUBE - PRODUCT IS STORED IN CLOSED CONTAINER. SPILL CONTAINING EQUIPMENT IS AVAILABLE TO DIKE AREA TO CONTAIN SPILL.

ACETYLENE AND OXYGEN - STORED IN WELL VENTILLATED AREA. SHUT OFF FLOW IF WITHOUT RISK.

3. **ABATEMENT** (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

ACCUSTAMP AND SAF-WAY LUBE - RECOVER SPILL WITH ABSORBENT MATERIAL. PLACE IN SEALED CONTAINER. DISPOSE FOLLOWING MATERIAL SAFETY DATA SHEET INSTRUCTIONS.

ACETYLENE AND OXYGEN - REMOVE ALL SOURCES OF IGNITION IF WITHOUT RISK. REDUCE VAPORS WITH FOG OR FINE WATER SPRAY.

4. Describe what policies and procedures your business will follow to immediately notify and evacuate your facility in the event of a release or threatened release of hazardous materials.

IN THE EVENT OF A HAZARDOUS SITUATION, A LONG CONTINUOUS BLAST ON THE OUTSIDE BUZZER IS A SIGNAL FOR ALL EMPLOYEES TO EVACUATE THE BUILDING AND SURROUNDING AREA. USING THE CLOSEST AND SAFEST EXIT FOLLOWING THE EMERGENCY PROCEDURES.

5. Your business is required by State Law to keep a copy of this Business Plan, including the inventory and Site Map. Describe where this copy is located at your business.

A COPY OF THE EMERGENCY PROCEDURES AND THE INJURY AND ILLNESS PREVENTION PROGRAM IS POSTED ON THE EMPLOYEE BULLETIN BOARD.

The business plan, site map and annual hazardous materials inventory are stored in the front office filing cabinet.

I.D. # 5309

EMPLOYEE TRAINING PROGRAM

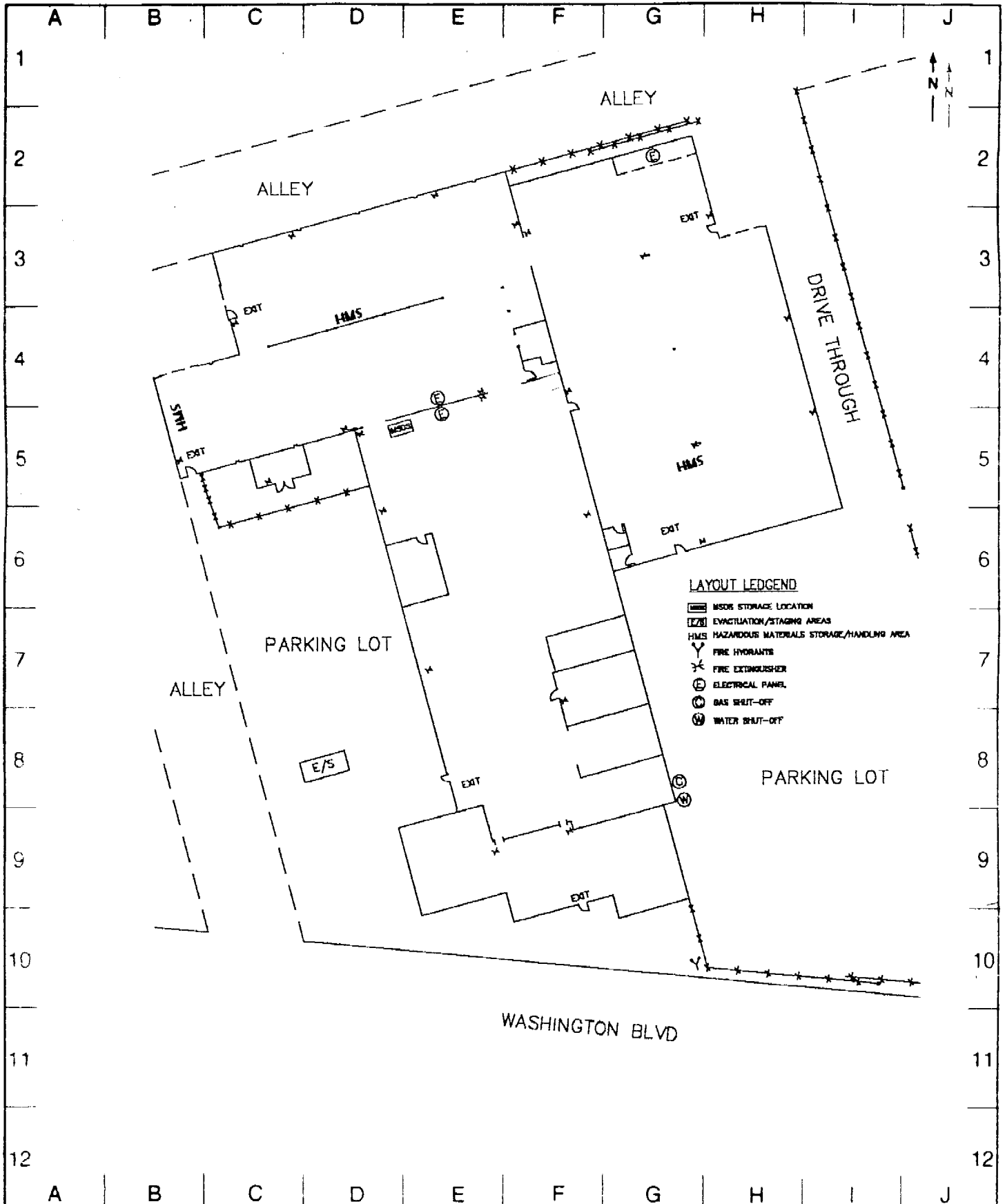
Describe the training for all employees in safety procedures in the event of a release or threatened release of hazardous materials. This training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, and familiarization with Section II (Emergency Response Plans and Procedures) of this business plan.

ONCE A YEAR A SAFETY AND HAZARDOUS MATERIAL MEETING WILL BE CONDUCTED BY THE SAFETY COORDINATOR. AT THAT TIME THE INJURY AND ILLNESS PREVENTION PROGRAM WILL BE REVIEWED AND DISCUSSED, AS WELL AS THE EMERGENCY PROCEDURES.

ANY NEW EMPLOYEE WILL BE FAMILARIZED WITH BOTH PROGRAMS AT THEIR TIME OF HIRE.

**LOS ANGELES COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIAL SITE MAP**

RETURN THIS COMPLETED ORIGINAL
(SEE BACK FOR EXAMPLE)



BUSINESS NAME
FRED R. RIPPY, INC.

ADDRESS
12471 E. WASHINGTON BLVD., WHITTIER, CA

CITY
WHITTIER, CA

ZIP CODE
90602

I.D.#
19-999-005309

SITE MAP INSTRUCTIONS

1. Review these instructions and the example site map prior to completing your business' site map. Site maps not conforming to these requirements shall be returned for correction.
2. Business site maps are required to be completed by each business that handles a hazardous material which has a quantity at any one time during the reporting year greater than a total weight of **5,000 lbs.**, or a total volume of **500 gallons**, or **2,000 cubic feet** at standard temperature and pressure for compressed gas. For large businesses, complete additional site maps, if necessary.
3. The following symbols shall be used:

	Fire Department Sprinkler connection		Guard Station		Storm Drain
	Fire Department Standpipe Connection		Air Conditioning Controls		Sewer
	Fire Hydrants		Electrical Panel		Aboveground Tank
	Evacuation/Staging Areas		Gas Shut-off		Underground Tank
	MSDS Storage Location		Water Shut-off		Insulated Tank
	Limited Access Systems (e.g. Knox Box)		Fence/Barrier		Pressurized Tank
			Railroad Track		

4. Identify the storage areas and type of hazardous materials stored in these areas using the following symbols:

HMS - Hazardous Materials Storage/Handling Area	ETI - Etiologic	ORG - Organic Peroxide	PYR - Pyrophoric	WRE - Water Reactive
COM - Combustible	EXP - Explosive	OXI - Oxidizer	RAD - Radioactive	WST - Waste
COR - Corrosive	FLA - Flammable	PSN - Poison	TOX - Toxic	
CRY - Cryogenic				

LOS ANGELES COUNTY FIRE DEPARTMENT
HAZARDOUS MATERIAL SITE MAP

BUSINESS NAME
XYZ Refinishing

ADDRESS
123 First Street

CITY
Anytown

ZIP CODE
90000

E.D. #

581 (Rev. 12/88)

FRED R RIPPY INC===== SiteID: 019-999-005309

Location: 12471 E WASHINGTON BLVD Bus. Phone: (310) 698-9801
City : WHITTIER Community: WHITTIER - 069

Mail: 12471 E WASHINGTON BLVD State: CA
City: WHITTIER Zip: 90602-

Owner: FRANCINE RIPPY Phone: () -
Addrs: State:
City: Zip: -

Parcel ID: Dunn/Brad:

METAL STAMPINGS NEC Last Inv.: 202361H SqFt:
SIC: 3469 Your Activity Code: Last P.O.:

= Regulatory Programs Fee Groups =====

A: B: C: D: E: F: G: H:01 I: J: K: L: M:03
N: O: P: Q: R: S: T: U: V: W: X: Y: Z:

= General Tracking Information =====

Bus. Lic.: 28276 On: 01/06/97 By: MOSS
District: Division: 4 Battalion: 8
Insp. Uni: A-4 Inspector: 46 Station: 28

= Tracking Milestones =====

RMP		District Offices		Business Plan/Inventory
Rept Year::	/ /	CENTRAL:	/ /	New BP Issued:: 11/01/97
RS Received::	/ /	EL MONTE:	/ /	BP Accepted:: 01/08/99
Former::	/ /	LOMITA:	/ /	BP Rejected:: 06/16/98
Request RMPP::	/ /	METRO:	/ /	BP Received:: 01/08/99
RMPP 1::	/ /	PARAMOUNT:	07/21/98	INV Rejected:: / /
RMPP 2::	/ /	SYLMAR:	/ /	INV Accepted:: 01/08/99
Audit/Inspect::	/ /	:	/ /	INV Received:: 01/08/99

Corrections		Other Disclosures		Current Data Entry
BP/INV C Mailed:	/ /	BP RPT YEAR:	01/01/98	ADMN Data: 03/30/88
BP Corr Rec'd:	/ /	INV RPT YEAR:	01/01/98	Data Edited: 02/18/99
Final Notice:	/ /	INSPECTED:	/ /	Data Printed: 06/29/98
RS Corr Mailed:	/ /	ANNUAL CERT:	01/08/99	EMRS Data: / /
RS Corr Rec'd:	/ /	OES (2730):	01/08/99	Data Edited: 10/02/96
Inv Corr Rec'd:	/ /	MSDS:	/ /	Data Printed: 08/16/94
Inv Dist: 01/21/97		RELEASES:	/ /	BLANK: / /